



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## Out of State Nurse Aide Employment Verification Form

This form is to be used for verifying nurse aide or nursing-related employment in another state for the purpose of maintaining current status on the Connecticut Nurse Aide Registry. Should you have any questions with the completion of this form, please call the Nurse Aide Registry staff at (860) 509-7596.

### To be completed By Nurse Aide:

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Connecticut Nurse Aide Registration Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### To Be Completed By Employer (Please Attach Job Description):

The Person identified above is/has been employed as a Certified Nurse Aide by the following facility or Agency:  
(please print)

Facility/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Hire: \_\_\_\_\_

Last Reported Date of Employment: \_\_\_\_\_  
(If currently employed, use today's date)

Termination Date: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
Name of Director of Nursing or Administrator

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Director of Nursing or Administrator

\_\_\_\_\_  
Date

**Please note: this form must be completed in its entirety and mailed directly from the employer to:**

**CT Nurse Aide Registry Program  
Department of Public Health  
410 Capitol Avenue, MS#12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308**