



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
NURSE AIDE EMPLOYMENT VERIFICATION FORM  
(\*RENEWAL FORM\*)**



This form is to be used for verifying nurse aide employment for the purpose of renewing a CT nurse aide certificate/registration. Should you have any questions with the completion of this form, please call the Nurse Aide Registry staff at (860) 509-7603 \* Press option #1. (To verify a nurse aide certificate expiration date please visit: <https://registry.prometric.com/publicCT>)

**To Be Completed By Nurse Aide:**

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

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

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

**To Be Completed by Employer:**

Please Check Appropriate Box:    Facility/Agency:     Private Duty:     Out of State:

The person identified above is/has been employed as a certified nurse aide or in a position where they perform/ed nurse aide duties by the following (**please print**):

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

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

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

If you work for a physician's office or as a private duty nurse aide, please provide a description of the specific nurse aide or nursing related duties performed (you can attach an additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

*I certify that all of the information contained herein is true and accurate to the best of my knowledge and belief:*

\_\_\_\_\_  
Employer Representative (Please Print)

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

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date

**Please submit the completed form to the CT Nurse Aide Registry by email, regular mail or fax:**

email: [dph.nurseaide@ct.gov](mailto:dph.nurseaide@ct.gov)

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

Fax: (860) 707-1983