



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## Out of State Connecticut Nurse Aide Employment Verification Form

This form is to be used for verifying nurse aide or nursing-related employment in Connecticut 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) 509-7603 \* Press option #1.

### To Be Completed By Nurse Aide:

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

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

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

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

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

Are you certified in any other states as a nurse aide? \_\_\_\_\_ If you answered "Yes", please identify the other states in which you are certified: \_\_\_\_\_

### To Be Completed By Employer:

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

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

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

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

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

\_\_\_\_\_  
Name of Director or Nursing or Administrator  
(Please Print)

\_\_\_\_\_  
Date

**Please note: this form must be completed in its entirety and mailed or faxed 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 06134-308  
Facsimile: (860) 707-1983**