



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Connecticut Nurse Aide Employment Verification Form Private Duty

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:

Employer Name: _____

Address: _____

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

Please provide a description of the specific nursing or nursing related activities performed (*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:

Signature of Employer Representative

Telephone Number

Employer Representative (*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**