

Texas Nurse Aide Registry
Facility Nurse Aide Employment Verification

General Instructions:

1. Complete facility/employer information requested at the bottom of this page, including the Nurse Aide Registry (NAR) unique employer ID. Repeat the facility/employer name, unique ID and date of completion on each additional page submitted. **A nurse aide may not complete this form for the facility/employer.**
2. List all nurse aides who have been employed with you since your last annual report. Nursing facilities (NF) and skilled nursing facilities (SNF) are required to submit a list of nurse aide employees on an annual basis, per Texas Standards for Nurse Aides, 40 TAC §94.9.
3. **Do not submit Form 5509-NAR (complete list of employees) more than once in a 12-month period.**
4. You are invited to use this form to submit individual names or partial lists to update/renew nurse aides whose registration will expire before your next annual list is due. If you are submitting a form for this reason, please check **Partial List** in the appropriate box.
5. Form 5509-NAR is available for download at www.dads.state.tx.us/providers/NF/credentialing/nar/forms.html ; however, for security reasons we cannot accept forms transmitted via email. **You can fax forms to 512-438-2051.**
6. **You may electronically duplicate the format of this document; however, you must include all fields/columns in the order presented on this document. Form must be completed in ink or typed.**
7. **Mail form to:** Nurse Aide Registry, Mail Code E-414, P.O. Box 149030, Austin, TX 78714-9030.

Facility/Employer Name		<input type="checkbox"/> Annual List <input type="checkbox"/> Partial List
Facility/Employer's Mailing Address		NAR Unique ID: <input type="checkbox"/> FP
Facility Representative Name and Title (please print)		<input type="checkbox"/> FN
Area Code and Telephone No.	Fax Area Code and Telephone No.	

Signature – Facility Representative

Date Form Completed

I certify that all individuals listed on this form meet/met the following recertification requirements.

- Has completed 24 hours of in-service education in the past 2 years.
- Is not listed as unemployable on the Employee Misconduct Registry (EMR).
- Has not been found to have a conviction of a criminal offense listed in Texas Health and Safety Code §250.006.

Signature – Facility Representative

Title

Date Form Completed

If the facility/employer cannot verify the requirements above, then the facility/employer and the nurse aide must complete Form 5506-NAR, Employment Verification.

Facility/Employer Name	NAR No.: FP FN	Date Form Completed (mm/dd/yy)
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Status	1. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	2. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	3. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	4. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	5. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	6. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	7. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	8. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	9. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	10. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	11. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)
Status	12. Last Name	First Name	MI	Social Security No.	Nurse Aide No.	Start Date (mm/dd/yy)
	Address			City, State, and ZIP Code		End Date (mm/dd/yy)