



Texas Nurse Aide Registry
Request for Entry on the Texas Nurse Aide Registry Through Reciprocity

Section 1. Applicant Information (To be completed by applicant.)

The Nurse Aide Registry has implemented a new online system called Credential Manager. Before completing this form, you are required to register in the new system at: <https://i7lp.integral7.com/txna>. Once you have registered, please list your identification number here:

I.D. No.: _____

Note: You are not eligible to be employed as a nurse aide in the state of Texas until your request has been approved and you have been entered into the registry.

Please read the following instructions before completing this form.

- Complete **all** information in Section 1. Your signature is required at the bottom of Section 1 to verify that information you provided is correct.
- Mail this form to the state where you are currently active so they can verify your status in Section 2. **The following states do not complete Section 2 of the form 5505-NAR: California, Colorado, Illinois, Louisiana, Missouri, North Carolina and Tennessee. You only need to complete Section 1 and mail to Texas.**
- Once Section 1 and Section 2 are complete, mail this form, a legible photocopy of a picture identification that shows your birth date and the correct spelling of your name, copy of your Social Security card, and your criminal history results for all last names you ever had from the Department of Public Safety (DPS) to: Texas Nurse Aide Registry, P.O. Box 149030, Mail Code E-414, Austin, TX 78714-9030. (Please see back of form for further instructions.)
- If you do not have an expiration date in the state you are active in, you must also complete and submit Form 5506-NAR, Employment Verification. The form must be completed by your most recent employer (within the last two years).

Name (Last, First, Middle)		Maiden Name (if applicable)	
SSN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Email Address
Mailing Address (Street or P.O. Box)			
City	State	ZIP Code	Area Code and Phone No.
State(s) Where Issued	Nurse Aide Certificate Number(s)	Issue Date(s)	
Signature – Applicant		Date	

Section 2. To be completed by the state where the applicant is currently active.

Instructions:

- Check or complete all items that apply and provide authorized signature at the bottom of Section 2.
- **Affix official agency stamp or seal and return this request to the applicant listed in Section 1.**

- The applicant identified in Section 1 is not listed on our state Nurse Aide Registry.
- The nurse aide identified in Section 1 has met the training **and** testing requirements (or equivalent per the Omnibus Budget Reconciliation Acts of 1987, 1989) and was **initially** placed on our registry on:

Date: _____ Certificate Number: _____ Expiration Date: _____

The method of registration was: examination deemed reciprocity from _____

Does the applicants record contain documentation of resident abuse, neglect or personal property misappropriation; U.S. Department of Health and Human Services Medicare Program exclusion (attach copy of notification); or other adverse information that may preclude nurse aide certification eligibility (for example, criminal history)? **Yes** (explain in comments) **No**

Comments:

Name — Nurse Aide Registry Representative:		Affix Stamp/Official Stamp or Seal Here
Title:	State:	
Agency:	Date:	
_____ Signature – Nurse Aide Registry Representative		

Tampering with or attempting to falsify a government record as such a nurse aide certificate is a third-degree felony punishable by up to 10 years in prison and a \$10,000 fine.

Address:

Instructions:

Nurse Aides who are listed active on a registry in another state and are requesting to be placed on the Texas Nurse Aide Registry by reciprocity must meet eligibility requirements listed, per Texas Standards for Nurse Aides, §26 TAC 556.11(b)(1-5). No person listed as unemployable on the Employee Misconduct Registry (EMR) or who has been found to have a conviction of a criminal offense listed in Texas Health and Safety Code, §250.006, will be eligible for reciprocity. Chapter 250 and a list of convictions can be found at: statutes.legis.state.tx.us/Docs/HS/vhtm/HS.250.htm#00.

Nurse Aide Registry staff will complete the EMR check. However, the individual requesting reciprocity must obtain a criminal history check from the Texas Department of Public Safety (DPS). For instructions on how an individual can obtain a criminal history check, contact your local DPS office or visit the website: dps.texas.gov/.

You must submit your criminal history results along with the reciprocity Form 5505-NAR to be placed on the Texas Nurse Aide Registry by reciprocity.

Applicant, did you:

- Sign the form?
- Include your criminal history results for all last names you ever had, a legible photocopy of your state issued picture identification showing your birth date and correct spelling of your name, and a copy of your Social Security card?

Did you know?

- You can verify certificate status by using the following link: emr.dads.state.tx.us/DadsEMRWeb/
- You can download forms from our website: hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation/credentialing/nurse-aide-registry/nar-forms.

Mail the completed form to the Texas Nurse Aide Registry address below.

Texas Nurse Aide Registry
Mail Code E-414
P.O. Box 149030
Austin, Texas 78714-9030

With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services Commission (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Nurse Aide Registry at 512-438-2050.