



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) 509-7596.

To be completed By Nurse Aide:

Name: _____

Current Address: _____

Connecticut Nurse Aide Registration Number: _____

Social Security Number: _____

To Be Completed By Employer:

Employer Name: _____

Date of Hire: _____

Termination Date: _____
(if applicable)

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

Nature of work performed. Please include specific nursing or nursing related activities (attach 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

Date

Title of person completing form

Telephone Number

Address City State Zip Code

Please note that this form must be completed in its entirety and mailed 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 06134-0308**