



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH LICENSURE AND REGULATION  
665 MAINSTREAM DRIVE, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243  
[www.state.tn.us/health](http://www.state.tn.us/health)

## Nurse Aide Registry Employment Verification

Name of Individual \_\_\_\_\_  
Certified Nurse Aide

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

Date Eight (8) Hour Shift was worked \_\_\_\_\_  
Actual Date Shift Worked

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Under penalties of perjury, I \_\_\_\_\_,  
Name  
\_\_\_\_\_, certify that the above referenced individual  
Title  
worked at least one eight (8) hour shift during the last twenty-four (24) months at  
\_\_\_\_\_.  
Name of Facility

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

Notary Seal