

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
HEALTH OCCUPATIONS CREDENTIALING  
**Curtis Bldg., Suite 200**  
1000 SW Jackson  
Topeka, KS 66612-1365

**EMPLOYMENT VERIFICATION FORM**

**NURSE AIDE: COMPLETE THIS SECTION**

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CNA ID# \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Other Names Used \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/State) (Zip)

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER: COMPLETE THIS SECTION**

Employer's name and mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I certify that the nurse aide named above is/was employed by me to perform nursing or nursing related services from

\_\_\_\_\_ to \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_