

VERIFICATION OF LICENSURE FOR SKILLED STAFF

Employee Name: _____ Date: _____

Professional licenses will be verified by the Agency in order to provide proof of current licensure for:

1. Registered Nurses
2. Licensed Vocational Nurses
3. Physical Therapists - if contracted, verification will be through contractors
4. Speech Therapist - if contracted, verification will be through contractors
5. Occupational Therapist - if contracted, verification will be through contractors
6. Medical Social Workers - if contracted, verification will be through contractors

I certify that I have seen the original of the License for the above - named professional and that the attached photocopy of the License is a true and correct copy of the original.

I have verified the current status of the License through the appropriate State Board

Signature of Director of Nursing or Designee Date

**VERIFICATION OF CERTIFICATION /EMPLOYABILITY/CRIMINAL HISTORY CHECKS
 FOR UNLICENSED STAFF (Home Health Aides and Certified Nurse Aides)**
 Satisfactory proof of certification/appropriate training/employability and criminal history checks will be conducted on all unlicensed persons having direct contact with Agency Clients/Patients.

Employee Name: _____ Date: _____

CERTIFIED NURSE AIDES (CNA)	HOME HEALTH AIDES (HHA)
I have seen the original certificate for the above - named Certified Nurse Aide - see copy I have verified the CNA employability with the Texas Nurse Aide Registry @ 1 (800) 452 - 3934. I have also verified this unlicensed employee's eligibility for employment through the Employee Misconduct Registry @ 1 (800) 452 - 3934 I have conducted a criminal history check on this unlicensed applicant via the secured website of the Texas Department of Public safety.	I have seen the original certificate for the above - named Home Health Aide - see copy I have verified the CNA employability with the Texas Nurse Aide Registry @ 1 (800) 452 - 3934. I have also verified this unlicensed employee's eligibility for employment through the Employee Misconduct Registry @ 1 (800) 452 - 3934 I have conducted a criminal history check on this unlicensed applicant via the secured website of the Texas Department of Public safety.
_____ Signature of Director of Nursing or Designee	_____ Signature of Director of Nursing or Designee