

This form may be completed online and submitted to the address below.

**NURSE AIDE TERMINATION FORM**

FACILITY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SOCIAL SECURITY NUMBER OR REGISTRY NUMBER** \_\_\_\_\_

INDIVIDUAL'S NAME \_\_\_\_\_  
(Last) (First) (Middle)

**DATE OF HIRE:** \_\_\_\_\_ **DATE TERMINATED** \_\_\_\_\_

Please return this form to:

**Nebraska Nurse Aide Registry  
PO Box 94986 Lincoln NE 68509-4986  
Fax: 402-742-1151  
E-mail: [DHHS.NursingSupport@nebraska.gov](mailto:DHHS.NursingSupport@nebraska.gov)**

Rev 02-14-14

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