

NURSE AIDE REGISTRY FORM

(Please type or print clearly)

DATE: _____

SOCIAL SECURITY NUMBER OR REGISTRY (LICENSE) NUMBER _____

NAME _____
(Last) (First) (Middle)

MAIDEN NAME _____ DATE OF BIRTH _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

FACILITY/AGENCY WHERE EMPLOYED _____
(Facility/Agency) (City)

DATE HIRED _____

Facility Phone #: _____ or e-mail _____

Name of Facility Employee Completing This Form _____

Please return this form to:

**Nebraska Nurse Aide Registry
ATTN: Nancy Stava
PO Box 94986
Lincoln, NE 68509-4986**

**PH: 402-471-0537
FAX: 402-471-1066**

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