

ATTESTION FORM FOR TEMPORARY NURSE AIDES TO BE PLACED ON THE TENNESSEE NURSE AIDE REGISTRY

For assistance completing this form, contact hdmaster@hdmaster.com
or call (877)201-0758 between 8:00AM to 8:00PM EST Monday-Friday
or email questions to nurseaid.health@tn.gov.

Please complete the form. **Print, notarize, and submit with proper payment and required documentation via hdmaster@hdmaster.com.** Read these directions completely prior to completing the online form. Your **request for TNA cannot be processed** if it is incomplete, missing documentation or payment, illegible, or includes false statements.

Complete this attestation form and provide supporting documents (see next paragraph) to be placed on the Tennessee State Certified Nurse Aide Registry at: *(link added on the website/ form)*.

Upon completion of this form **be sure to upload** an image/copy of your social security card, an image/copy of valid photo identification (driver's license, passport, or another photo identification), TCNA certificate, and approved skills checklist **before** submitting online. *(If you have already submitted your TCNA certificate and skills checklist to the Tennessee Department of Health you do not need to resubmit).*

Notification of acceptance to the Tennessee State Registry placement will be emailed to the email address listed on the attestation form.

Your name will be placed on the registry if you are qualified after the following is successfully completed.

- The Tennessee State Nurse Aide Registry verifies you are eligible for placement on the registry.
- All provided and pertinent information is verified as true and correct.
- Images of the following documents must be included:
 - Image of Social Security Card
 - Image of valid photo identification *(state driver's license, passport or another photo identification)*
 - TCNA Certificate and Approved Skills Checklist *(if you have not already submitted to the Tennessee Department of Health)*
- And a \$20 processing fee is rendered.

The following information **MUST** be truthfully completed and attested to by the applicant:

SOCIAL SECURITY NUMBER: _____ **BIRTH DATE:** _____

NAME: _____
(Last Name) (First Name) (Middle Name) (Maiden Name, if applicable)

EMAIL: _____ **PHONE #:** _____

CURRENT MAILING ADDRESS: _____
(Street Address or P.O. Box) (Apt. #)

CITY: _____ **STATE:** _____ **ZIP:** _____

GENDER: _____ | **RACE:** _____ | **HEIGHT:** _____ ft. _____ in. | **EYE COLOR:** _____
Other: _____ Other: _____ Other: _____

Please list your date of completion (mm/dd/yyyy) of the eight (8) hour training course offered by AHCA:

Completion Date: _____

Have you completed 200 or more hours as a TNA?

Please list the names of the facility(ies) you were employed as a TNA:

Please list your employment dates (mm/dd/yyyy- mm/dd/yyyy): _____

Have you ever been convicted of abuse or neglect of a person in your care, theft from a person in your care, or child abuse?
If yes, please explain.

Are you currently under investigation for abuse or neglect of a person, theft from a person or child abuse?
If yes, please explain.

FACILITY ATTESTATION

By signing this form, I/we declare and attest, as the identified employing facility and/or its staff member(s), that:

- the above-named individual has worked at least two hundred (200) hours as a temporary nurse aide during the PHE, which began March 1, 2020, and satisfactorily completed on-the-job nurse aide training while working at the facility,
- the above-named individual has passed an oral or written exam (eight (8) hour training course offered by AHCA),
- the above-named individual demonstrated competence in all skills required of a nurse aide as outlined by 42 CFR Part 483 (see list of skills in 42 CFR § 483.152(b)) and state nurse aide testing rules to have the individual's name placed on the Tennessee Nurse Aide Registry pursuant to BLHCF Emergency Rules, and

I/we further declare, as the identified employing facility and/or its staff member(s), under penalty of perjury under the law of the Tennessee, that the foregoing statements are true and correct.

Signed on this _____ of _____, 2021, at _____,
Day Month County or Other Location

and _____,
State Country

Facility Administrator (name): _____

Facility Administrator (signature): _____

Date: _____

Facility Director of Nursing (name): _____

Facility Director of Nursing (signature): _____

OR

Supervising Nurse of TNA (name): _____

Supervising Nurse of TNA (signature): _____

Date: _____

TEMPORARY NURSE AIDE ATTESTATION

By signing this form, I declare and attest, as the above-named individual seeking to be enrolled on the registry, that:

1. I successfully completed a training program and competency assessment authorized under the Centers for Medicare and Medicaid Services (CMS) COVID-19 pandemic waiver, including online training and an online examination, and
2. I completed a minimum of two hundred (200) hours of on-the-job work during the declared COVID-19 emergency under the supervision of the undersigned licensed or registered nurse (RN).

I further declare, as the above-named individual seeking to be enrolled on the registry, under penalty of perjury under the law of the Tennessee, that the foregoing statements are true and correct.

Temporary Nurse Aide (printed name)

Temporary Nurse Aide (signature):

Date: _____

SIGNATURE:

My signature certifies that all information listed is true and correct.

I understand that once my status as a TNA is established upon successful submission of the attestation form, certificate of completion, and skills checklist, I will be placed on the Tennessee Department Health Nurse Aide register as an active Certified Nurse Aide in good standing.