

EMPLOYMENT VERIFICATION

Form 9110WI-A

Applicants for the Wisconsin Nurse Aide Registry who are unable to provide proof of completing required training may instead provide proof of eligible employment in order to qualify for inclusion on the registry. **Eligible employment is verified work as a nurse aide, under the direction of a registered nurse (RN) or licensed practical nurse (LPN), for at least 2,088 hours during the two years preceding the application for the Wisconsin Nurse Aide Registry.** [Wis. Admin. Code DHS 129.09(5)(b); Wis.Stat. § 146.40(2)(d); (2g)(a),(b)]

Instructions

- **Section I – Nurse Aide Information:** The nurse aide must complete this section of the form.
- **Section II – Employer Information (Facility/Provider):** *The actual designated representative of the facility/provider where work was performed **must** complete this section of the form.*

Contact Information

If you need assistance, call (888)401-0465 during regular business hours, Monday through Friday (excluding Saturdays, Sundays, and holidays), 7:00AM to 7:00PM Central Standard Time, or email reciprocity@hdmaster.com

Section I – Nurse Aide Information

The nurse aide must complete this section of the form.

Last Name: _____ First Name: _____ M.I.: _____

Other previously used last names, if applicable: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____

Signature: _____ Date: _____

(Nurse Aide Signature)

Section II – Employer Information (Facility/Provider)

The actual designated representative of the facility/provider where work was performed must complete this section of the form.

Facility/Provider Name: _____ Facility/Provider Contact
Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

I certify that the nurse aide named above is/was employed by this facility as a nurse aide and performed nurse aide services for monetary compensation under the supervision of an RN or LPN during the time period from:

Date: _____ to Date: _____

The total hours this person was employed as a CNA during this period are _____ hours.

Signature: _____ Title: _____ Date: _____

(Facility/Provided Designated Signature)

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Common Questions

- **I worked in a private home as a CNA. Will these hours count?**
Employment hours in a private setting will not be counted. The employment must be performed in a direct care setting under the supervision of a licensed nurse.
- **Can I submit paystubs or a letter from my employer to verify my employment hours?**
Paystubs or letters from employers will not be accepted to verify the number of employment hours. The employment verification form must be completed and submitted.
- **Can I change the dates on the form?**
Forms with altered dates will not be accepted. The dates listed are not specific employment dates. Only the number of hours worked within the specified timeframe should be reported in Section II.