

**Nurse Aide Continuing Education
Update Certification Form**

Each applicant must complete this form and return to the instructor. Incorrect or illegible information will result in this form being rejected and you will not receive continuing education credit towards an updated certificate.

If the Kansas Department of Health and Environment cannot (1) find evidence of your nurse aide certificate, or (2) verify your social security number, your name will be rejected until copies of your nurse aide certificate, or social security identification is received.

Course Information (The applicant must complete this part with instructions by the instructor.)

Instructor ID # _____ Course # _____ # of Course Hours _____

Applicant Information (This part must be completed by applicant.)

CNA # _____

If name change, submit name change documentation (such as marriage license or divorce decree).

Name: _____
Last First MI

Other Names Used: _____

Social Security Number _____ - _____ - _____ Birthdate ____/____/____ Sex: ___ Male ___ Female

Mailing Address: _____
Street City State Zip Phone

Number: Home () _____ Cell () _____

Applicant's Signature

I do hereby attest that the information supplied in this application is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments.

Applicants Signature

____/____/____

Date