

Nurse Aide Training Program

**Request to Take the Competency Evaluation Program (CEP)  
Based on Military Training as a Nurse Aide**

**Before DADS can approve your eligible route, all applicants must create an account with the testing company through the online system Credential Manager at: <https://i7lp.integral7.com/txna>. Failure to create an account will delay the process. Once you have created your account, please list the ID number which was assigned to you here \_\_\_\_\_.**

- I. Use this form to request approval to take the CEP in Texas if you successfully completed military training of 100 or more hours on or after July 1, 1989, equivalent to civilian nurse aide training.

You must also meet CEP requirements listed at §94.11(c)(2)-(3) of the Licensing Standards for Nurse Aides. No individual listed as unemployable on the Employee Misconduct Registry (EMR) or who has been found to have a conviction of a criminal offense listed in Texas Health and Safety Code §205.006 will be eligible for the CEP. Chapter 250 and a list of convictions can be found at: <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm>.

Nurse Aide Training Program staff will complete the EMR check. However, individuals requesting to take the CEP must request a criminal history check from the Texas Department of Public Safety (DPS). For instructions on how an individual can obtain a criminal history check, contact your local DPS office or visit the website: [www.txdps.state.tx.us/administration/crime\\_records/pages/faq.htm](http://www.txdps.state.tx.us/administration/crime_records/pages/faq.htm). **You must submit your criminal history results along with this application to receive approval to take the test.**

- II. Complete Items A through O (type or fill out electronically)

A. Name (Last, First, Middle) and Email Address

\_\_\_\_\_

B. Maiden Name

\_\_\_\_\_

C. Other Surnames

\_\_\_\_\_

D. Social Security No.

\_\_\_\_\_

E. Date of Birth (mm/dd/yyyy)

\_\_\_\_\_

F. Address (Street, City, State, ZIP Code)

\_\_\_\_\_

G. Home Area Code and Telephone No.

\_\_\_\_\_

H. Daytime Area Code and Telephone No.

\_\_\_\_\_

I. Name of Facility, if employed

\_\_\_\_\_

J. Address of Facility (Street, City, State, ZIP Code)

\_\_\_\_\_

K. Name of Training Program

\_\_\_\_\_

L. Address of Training Program (Street, City, State, ZIP Code)

\_\_\_\_\_

M. Dates of Training (mm/dd/yyyy)

From \_\_\_\_\_

To \_\_\_\_\_

N. Signature

\_\_\_\_\_

O. Date (mm/dd/yyyy)

\_\_\_\_\_

- III. Applicant **must** attach proof of successful completion of military training of 100 or more hours on or after July 1, 1989, equivalent to civilian nurse aide training. This proof **must** be a photocopy of an original certificate of completion that has been notarized as a true and exact copy of an unaltered original.

- IV. If the name on the certificate is different than the name in Item II-A, applicant **must** attach proof of name change, such as a photocopy of a marriage license, divorce paper or legal name change document.

V. The Department of Aging and Disability Services (DADS) will review the request and send a written notice of approval, deficiency or disapproval. When approved, applicant will receive a:

- letter stating eligibility to take the CEP,
- copy of the skills checklist, and
- test application and instructions.

VI. Applicant is responsible for finding a location to take the CEP. If possible, find:

- an approved facility that offers employment and testing, or
- an approved facility or nurse aide training program that volunteers to test you.

Visit our website, [www.dads.state.tx.us/providers/NF/credentialing/](http://www.dads.state.tx.us/providers/NF/credentialing/), to help locate a training program near your area.

VII. Return completed form and the attachments requested in Items III and IV to:

Texas Department of Aging and Disability Services  
Nurse Aide Training Program  
Mail Code: E-420  
P.O. Box 149030  
Austin, Texas 78714-9030

DADS Office Use Only			
Military Certificate		Reviewed on _____	by _____
Photo of Certificate		Incomplete on _____	by _____
Notarized		Incomplete sent on _____	by _____
100 Hours		Disapproved on _____	by _____
On or after 07-01-89		Disapproval sent on _____	by _____
		Approved on _____	by _____
		Approval sent on _____	by _____
Name Change	_____		

Department of Aging and Disability Services  
**Nurse Aide Training Program**  
Mail Code E-420  
P.O. Box 149030  
Austin, Texas 78714-9030  
[credential@dads.state.tx.us](mailto:credential@dads.state.tx.us)

With a few exceptions, you have the right to request and be informed about the information that the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, contact the Regulatory Services Nurse Aide Training Program at 512-438-2017.