

## Request to Take the Competency Evaluation Program (CEP) Based on Competency in Basic Nursing Skills as an RN/LVN Student

I. Use this form to request approval to take the CEP in Texas if you:

- are currently enrolled or have been enrolled within the past two years in a state-accredited school of nursing in any state,
- have demonstrated competency in providing basic nursing skills in accordance with the school's curriculum, and
- 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)

\_\_\_\_\_

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 School

\_\_\_\_\_

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

\_\_\_\_\_

M. Date Enrolled (mm/dd/yyyy)

\_\_\_\_\_

N. Signature

O. Date (mm/dd/yyyy)

\_\_\_\_\_

III. Dean or director of the school of nursing must complete Items P through V and have a notary complete W.

P. Is the school or college of nursing listed below accredited by the state? .....  Yes  No

Q. Has this applicant demonstrated competency in providing basic nursing skills in accordance with the school's curriculum? .....  Yes  No

R. Dates Attended School of Nursing (mm/dd/yyyy)

From: \_\_\_\_\_

To: \_\_\_\_\_

S. Name of School or College

\_\_\_\_\_

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

\_\_\_\_\_

U. Signature – Dean or Director \_\_\_\_\_

V. Date \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_

W. TO THE STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_,  
 known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly  
 sworn on oath, acknowledged that he or she has executed the same for the purposes and considerations therein  
 expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 notary public in and for \_\_\_\_\_ County, Texas or \_\_\_\_\_.

\_\_\_\_\_  
Signature – Notary

AFFIX NOTARY STAMP  
OR SEAL HERE

\_\_\_\_\_  
Name – Notary

\_\_\_\_\_  
Date Commission Expires

IV. The Department of Aging and Disability Services (DADS) will review your request and send you a written notice of approval, deficiency or disapproval. When you are approved, you will receive a:

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

V. You are responsible for finding a location to take the CEP. If possible, find:

- an approved facility that offers you 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.

VI. Return completed form to:

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					
Rev on	_____	by	_____	Disappr on	_____ by _____
Inc on	_____	by	_____	Disappr sent on	_____ by _____
Inc sent on	_____	by	_____	Appr on	_____ by _____
				Appr sent on	_____ by _____
				Disappr on	_____ by _____

Department of Aging and Disability Services  
**Nurse Aide Training Program**  
 P.O. Box 149030  
 Mail Code E-420  
 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.