TEXAS Health and Human Services

Form 5507
August 2026

Texas Nurse Aide Registry (NAR)

Request for Waiver of Nurse Aide Training and Competency Evaluation

The following form is for those who completed a nurse aide training program of 100 hours or more before July 1, 1989.

Section 1 — Application Information that the Applicant Completes

Read the following instructions before completing this form.

- Attach a legible copy of a government issued photo identification. It should show your birth date, the correct spelling of your name, your criminal history results for all last names you ever had from the publicsite.dps.texas.gov/ConvictionNameSearch. Go to the back of the form for more instructions.
- Complete all information in Section 1. Sign to verify that the information provided is correct.
- Attach a completed Form 5506-NAR, Employment Verification. It should show you gave nursing or nursing-related services at least every two years since July 1, 1989, to present for monetary compensation.
- Attach an official or notarized copy of your certificate of completion or transcript. It should show that you completed a nurse aide training consisting of 100 or more hours before July 1, 1989, or program director, program trainer or official keeper of records completes Section 2.
- People who request to be placed on the Texas Nurse Aide Registry by waiver must meet eligibility requirements. Those requirements are listed at Section 26 TAC 556.12(a)(1-5) of the Licensing Standards for Nurse Aides. No person listed as unemployable on the Search Engine for Multi-Agency Reportable Conduct (SEMARC) or who has been found to have a conviction of a criminal offense listed in Texas Health and Safety Code Section 250.006 is eligible for the waiver at statutes.capitol.texas.gov/Docs/HS/htm/HS.250.htm#00.

Submit forms via TULIP by logging into your TULIP account. Complete a Request for Waiver of Nurse Aide Training and Competency Evaluation application at txhhs.my.site.com/TULIP/s/login.

Last, First Name, Middle Initial		Maiden Name		
Date of Birth	Sex ◯ Male ◯ Female	Social Security No.	Area Code and Phone No.	
Email Address				
Mailing Street Address or P.O. Box		City	State	ZIP Code
Name of Training Program		Date Training Began	Date Training Completed	

Signature – Applicant _____ **Date** _____

Section 2 – Affidavit of Training That the Training Program Director, Trainer or Official Records Keeper Completes

Instructions:

- Complete information requested below and provide authorized signature.
- Notarize signature.
- Return document to the nurse aide applicant.

Has the applicant successfully completed a **nurse aide** training course? ◯ Yes ◯ No

The training course included _____ hours of nurse aide training.

Nurse aide training was completed **before July 1, 1989.** Dates of training were from _____ to _____.

Name of Training Facility		Area Code and Phone No.	
Mailing Street Address or P.O. Box	City	State	ZIP Code
Name of Official Completing Form	Title		

Signature – Official **Date Signed**

Sworn and subscribed to me on this _____ day of _____, 20___, in _____

County, in the state of _____.

Place Notary Seal
or Stamp Here

Signature – Notary Public

Date Commission Expires