

Nurse Aide Training Program (NATCEP)

Request to Take the Competency Evaluation Program (CEP) Based on Competency in Basic Nursing

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

- are enrolled or were enrolled within the past 24 months in a state-accredited school of nursing in any state;
- have demonstrated competency providing basic nursing skills per the school's curriculum; and
- meet CEP requirements listed at Section 26 TAC 556.12 (c)(1)(E)(2)-(3) of the Licensing Standards for Nurse Aides. Nurse Aide Training Program staff will complete the interagency check Search Engine for Multi-Agency Reportable Conduct (SEMARC). No person listed as unemployable in SEMARC or have a conviction of a criminal offense listed in Texas Health and Safety Code (HSC) Section 250.006 will be eligible for the CEP. HSC Chapter 250 and a list of convictions are at statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm.

2. Anyone who requests to take the CEP must provide a criminal history check from the Texas Department of Public Safety (DPS). Contact your local DPS office or visit <http://www.dps.texas.gov> for instructions on how to obtain a criminal history check. You must submit your criminal history results along with this application to receive approval to take the test.

3. Forms must be submitted to your TULIP account by creating an account at tulip.hhs.texas.gov/TULIP/s/login/.

Last, First, Middle Name

Maiden Name

Other Surnames

Social Security No.

Date of Birth mm/dd/yyyy

Email Address

Street Address, City, State, ZIP Code

Home Area Code and Phone No.

Daytime Area Code and Phone No.

Signature

Date mm/dd/yyyy

4. Dean or director of the school of nursing must complete these questions and have a document notarized.

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

Has this applicant demonstrated competency in providing basic nursing skills per the school's curriculum?

☐ No Dates

☐ Attended School of Nursing From: _____ To: _____

Name of School or College

Street Address of School or College, City, State, ZIP Code

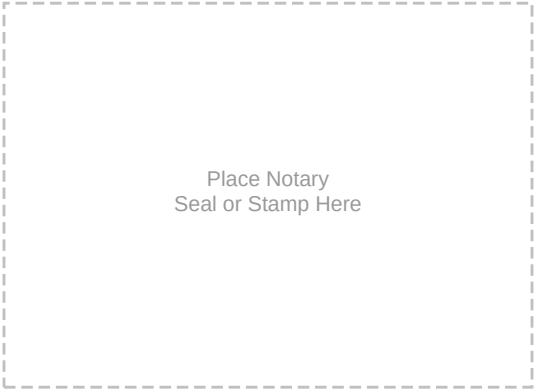
Signature – Dean or Director _____

Date _____

Title _____

Area Code and Phone No. _____

Sworn and subscribed to me on this _____ day of _____, 20____, in _____
County, in the state of _____.



Signature – Notary Public _____

Date Commission Expires _____