Health Occupation Credentialing
900 SW Jackson
LSOB – Suite 1051-S
Topeka, KS 66612

To Whom It May Concern:

I request the Department of Health and Environment provide _____ (Employer's name) access to the Nurse's Aid Registry on my behalf. My personal information is as follows:

Full Name: _____
(Legal) Last First MI

Current Address _____
Street Address City State Zip

Maiden Name, Nicknames and/or other names known by: _____

Birthdate: _____ Race: _____Sex:_____ SS#: ____-_____-_____
MM/DD/YYYY

I understand that all information released will be for the confidential use of _____(employer's name). Please return this letter with the appropriate information to:

Employer's Name: _____

Employer's Address: _____

_____