



1412 Main St., Suite 205
 Dallas, TX 75202
 214-741-6359 office
 214-741-6389 fax
www.MyAyS.net

Verification of Qualifications

Business Name: _____

Phone: _____

Employee Name: _____

Hire Date: _____

Employee Job Title: _____

| Qualification Requirements: | Date Verified: |
|--|----------------|
| High School Diploma or GED | |
| a.) If no diploma or GED. Must evaluate competency and review 3 personal references. | |
| Criminal History Search | |
| OIG Exclusions Database Search (State & Federal) | |
| DADS Nurse Aide, Medication Aide, and Employee Misconduct Registries | |
| Texas Driver's License | |
| a.) Please provide expiration date: | |

Required Training:

| | |
|---|--|
| Infection & Communicable Disease Control Training | |
| Abuse, Neglect, & Exploitation Training | |

Verified By:

My signature confirms I have verified the information recorded on this form and attest the information recorded is supported by available documentation, and to the best of my knowledge is true and accurate.

Printed Name

Title

Signature

Date