



Division of Provider Services
& Quality Assurance
P.O. Box 1437, Slot S405
Little Rock, AR 72203-1437
P: 501.682.2441
F: 501.682.8155
HUMANSERVICES.ARKANSAS.GOV

EMPLOYMENT CLEARANCE REGISTRY CHECK REQUEST

Type or Print

Facility Name

Facility 4- Digit
Registry ID

Name of Person
To Be Checked

Date of Birth

Social Security Number

Is the person a Certified
Nursing Assistant (CNA)?

YES

CNA Certification Number

NO

Name of Individual Requesting the
Registry Check?

PLEASE SEND THE FORM VIA EMAIL TO:

ECR.CHECK@DHS.ARKANSAS.GOV

ECR Results will be emailed back to the email address in which it was submitted to DHS with. Allow 48-72 hours for returned results.

P.O. Box 1437, Slot S405 * Little Rock, AR 72203-1437 * 501.682.2441

HUMANSERVICES.ARKANSAS.GOV