

**STATE OF GEORGIA
NURSE AIDE REGISTRY
CERTIFICATION CARD REQUEST**

**Georgia Medical Care Foundation
Georgia Nurse Aide Registry
P.O. Box 105753
Atlanta, GA 30348**

Instructions: (please type or write legibly so your request may be processed):

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Area Code (_____) _____

CERTIFICATION # or SS# _____

Work History: Verify work history for pay in a nursing related capacity for the last 4 years, which should include the present employer if applicable. Please include Dates of Employment, Employer's Name, Address, and Phone Number.

THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR APPLICATION

FROM ____/____/____ **TO:** ____/____/____ **FROM:** ____/____/____ **TO** ____/____/____

Name

Name

Address

Address

City **State/Zip** **Phone Number**

City **State/Zip** **Phone Number**

FROM ____/____/____ **TO** ____/____/____

FROM ____/____/____ **TO** ____/____/____

Name

Name

Address

Address

City **State/Zip** **Phone Number**

City **State/Zip** **Phone Number**

- Reason for Duplicate:** () **Lost or Stolen (Must provide copy of driver's license or SS card)**
 () **Damaged (Must Return Current CNA Certification Card)**
 () **Name Change - requires a copy of a court certified marriage certificate, divorce decree or court order granting name change (Must Return Current CNA Certification Card)**

SIGNATURE _____ **DATE** _____

If there is a change of address, it is the sole responsibility of the CNA to report this change. The CNA has 10 working days to report the change so that the registry will be updated appropriately.

**Please allow 14 business days for processing.
Mail form to address listed at top of page.**