

**STATE OF GEORGIA  
NURSE AIDE REGISTRY  
REQUEST A CHANGE OF NAME**

**Alliant Health Solutions  
Georgia Nurse Aide Registry  
P.O. Box 105753  
Atlanta, GA 30348**

If your name has changed, please fill out this form completely. Incomplete forms will not be processed. Please check for updates to registry status at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

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

1. Provide complete information in the spaces provided.
2. Sign and date the form at the bottom.
3. Provide a copy of either your marriage/divorce decree, social security card or a court document that verifies your name change.
4. Provide copy of social security card to correct the spelling of your name on the registry.
5. Mail this form **and** a copy of your legal document to the address listed below.
6. **Return the current certification card with incorrect name.**

**Previous Name:**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**New Name:**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Complete Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Email Address \_\_\_\_\_

**Certification Number #** \_\_\_\_\_

**or**

**Social Security Number #** \_\_\_\_\_

**Date of Birth (Required)** \_\_\_\_\_

\_\_\_\_ Certification Card with incorrect name attached to form

\_\_\_\_ Certification Card with incorrect name lost- not attached to form

**I certify that the above information is true and complete.**

\_\_\_\_\_  
*SIGNATURE OF NURSE AIDE*

\_\_\_\_\_  
*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 the top of page.**