

**STATE OF GEORGIA
NURSE AIDE REGISTRY
CHANGE OF PERSONAL INFORMATION REQUEST**

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

If your address, contact information, or employer has changed, please fill out this form completely. **Incomplete forms will not be processed. Do not use this form for change of name.** A change of name may be requested by completing a *Change of Name* form that may be obtained via the website (www.mmis.georgia.gov) or the Interactive Voice Response system by calling the Georgia Nurse Aide Registry at 678-527-3010 or 800-414-4358.

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

1. For identification verification purposes **you must provide the following** information.

Name (Last) _____ (First) _____ (Middle) _____

Certification or Social Security Number # _____

Date of Birth _____

2. Complete any of the following items that you wish to update.

Personal Information:

Address (street, city, state, zip code) _____ County _____

Phone Number _____

E-mail Address _____

Employer Information:

Employer Name _____ Phone Number _____

Employer Type (circle one) **Nursing Home – Hospital – Home Health -Other** _____

Address (street, city, state, zip code) _____ County _____

3. Sign and date the form at the bottom.

I certify that the above information is true and complete.

SIGNATURE OF NURSE AIDE

DATE

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