

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

**Alliant Health Solutions  
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](http://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 (Required) \_\_\_\_\_

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 \_\_\_\_\_

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3. Sign and date the form at the bottom.

**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 top of page.**