

**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) 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

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.**