



STATE OF GEORGIA
NURSE AIDE REGISTRY
NURSE AIDE CERTIFICATION RENEWAL

Dear Certified Nurse Aide:

In order to remain on the Registry and to be eligible to work in a licensed Medicaid & Medicare facility, you must meet the requirements for Re-Certification. Federal Regulations require that you must have worked as a CNA for pay under the supervision of a licensed nurse, and a minimum of eight hours within a continuous period of 24 consecutive months from the most recent re-certification date. If you are unable to meet this requirement, you must be retested to remain on the Georgia Nurse Aide Registry. If your certification expires three or more years from date of last re-certification date, then you must take another State approved nurse aide training program and pass the Written/Oral and Skills Competency Examination.

You must send the Registry a completed *Application for Renewal as a Certified Nurse Aide*. This is enclosed but may, but may be printed from the web site (www.mmis.georgia.gov) or you may request a form via the Telephone Interactive Voice Response System by calling 678-527-3010 or 800-414-4358.

If you are currently working as a nurse aide, complete **Section A** of the application form and have your employer sign the form. **Submit a copy of check stub or W-2 Form as verification of employment. Private Duty requirements below apply to section A.**

If you **are** currently working or have worked Private Duty, please provide proof of employment. Acceptable Private Duty services must be under the general supervision of a LPN/RN. **Please include a notarized statement with detailed job duties signature of employer, signature of LPN/RN and license number, time frame worked and a copy of check stub or W-2 form as verification of employment. These requirements apply to Section A and B. Failure to submit all required proof will delay your re-certification.**

If you are not currently working as a nurse aide, but meet the requirements of 8 hours of work within a continuous period of 24 consecutive months from the most recent re-certification date as a nurse aide, fill out **Section B** of the application form. **Private Duty requirements above apply to section B.**

Please be sure to include your signature and the signature of your current employer, if applicable in the space provided.

You will be issued a new certification letter identifying the new two-year expiration date. If your name and/or address changes within the next 24, months, please fill out a Change of Name or Personal Information Form and mail to the Alliant Health Solutions, Attn: GA Nurse Aide Registry, P.O. Box 105753, Atlanta, Georgia 30348. You may print a request for *Change of Name* or *Change of Personal Information Form* via the GAMMIS Web Portal (www.mmis.georgia.gov).

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.

Failure to return the *Application for Renewal as a Certified Nurse Aide* will result in your name being removed from the Georgia Nurse Aide Registry and you will not be eligible to work as a nurse aide by a licensed Medicaid facility. Thank you for your cooperation.

Sincerely,

Georgia Nurse Aide Registry

**STATE OF GEORGIA
NURSE AIDE REGISTRY
APPLICATION FOR RENEWAL AS A CERTIFIED NURSE AIDE**

(PLEASE PRINT)

Name: _____

LAST FIRST MI
ADDRESS: _____
Street/Apt Number

City State Zip Code County

SOCIAL SECURITY or CERTIFICATION NUMBER: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

I certify that all the information on this form is true and complete.

SIGNATURE OF NURSE AIDE

DATE

**Verification of Employment
Section A**

If you **are** currently working as a CNA, please complete the information below with your employer's signature and a copy of a check stub or W-2 Form as proof of employment. **Acceptable Private Duty must be under the general supervision of a LPN/RN. Private Duty requirements must include a notarized statement with detailed job duties, signature of employer, signature of LPN/RN and license number, time frame worked and a copy of check stub or W-2 form as verification of employment.**

Current Employer (Facility, Agency or Private Duty) ()
Employer's Phone Number

Employer's Address City State Zip Code Type of Employer

Date Worked (From/To) **EMPLOYER SIGNATURE** Date

Section B

If you are **NOT** currently working as a CNA, please complete the information below for your most recent job within the prior 24 consecutive months as a nurse aide. **Please attach copy of a check stub, W-2 Form or letter from employer on letterhead as proof of employment. Acceptable Private Duty must be under the general supervision of a LPN/RN. Private Duty requirements must include a notarized statement with detailed job duties, signature of employer, signature of LPN/RN and license number, time frame worked and a copy of check stub or W-2 form as verification of employment.**

Employer (Facility or Agency Name) ()
Employer's Phone Number

Employer's Address City State Zip Code Type of Employer

Date of Hire Employment End Date

***Please return form via mail or upload to GAMMIS Web Portal. Mailing address is listed below:
Alliant Health Solutions, PO Box 105753, Atlanta, GA 30348***

Upload form and required documents via the GAMMIS Web Portal at www.mmis.georgia.gov, click on the Nurse Aide/Medication Aide tab, then click Nurse Aide Program Self Service Portal to upload all forms/documents.

Please allow 10 business days for processing.

RENEWAL FORM CHECKLIST

___ Is the renewal form completely fill out, including nurse aide's signature?

___ Is ONE COPY of the following attached to the renewal form? **Please read private duty requirements on the renewal form.**

Note: The proof of employment must be for at least 8 hours for pay performing nurse aide duties under the supervision of a nurse. Requested copies will not be returned. Please do not send original documents. No fees are required to renew nurse aide certification in Georgia.

- Paystub
- W-2 or 1099 Form
- Letter from employer on employer's letterhead
- Please read private duty requirements on the renewal form

___ Is the copy of the proof of employment between the two year renewal period, if certification is current? If expired, a copy of the proof of employment is needed for each two year renewal period missed.

Example:

Current: Renewal period November 1, 2010 - November 1, 2012

Expired: Renewal expired on November 1, 2010- correct proof of employment needed for November 1, 2008 - November 1, 2010 & November 1, 2010 - November 1, 2012

___ If last name changed, submit ONE COPY of the following:

- Copy of marriage certificate
- Copy of divorce decree showing name restored to maiden name – only send the page of the decree that list the restored maiden name
- Copy of Social Security Card

Requested copies will not be returned. Please do not send original documents.

___ Send renewal form with attachments to the following address:

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.

Alliant Health Solutions
Nurse Aide Program
P O Box 105753
Atlanta, GA 30348