

Accessing the Nurse Aide Program Self-Service Portal

The self-service portal is accessed through the following web address: <u>https://www.mmis.georgia.gov</u>.

Click on the tab that reads, "Nurse Aide/Medication Aide."

GEORGIA DEPARTMENT OF COMMUNITY HEALTH	GAMMIS	Hewlett Packard Enterprise
		Search
Refresh session You have approximately 17 minutes until your	session will copin	Wednesday, January 11, 2017
Home Contact Information Member Information	Provider Information Provider Enrollment Nurse Aide/Medicat	ion Aide EDI Pharmacy HFRD
GAMMIS:Home <- Bookmarkable Link 🔮 Click h	ere for help and information about bookmarks	
User Information		2 .
Login/Manage Account Login		a anna a

Once user is on the Nurse Aide/Medication Aide page, user can access the self-service portal by clicking on the **Nurse Aide Program Self-Service Portal** link. The link is located under section **I. Certified Nurse Aide Registry.**

Nurse Aide System	
I. Certified Nurse Aide Registry	Search for a Nurse Aide
	Nurse Aide Adverse Findings Cover Letter and Report
	Nurse Aide Program Self-Service Portal
	Nurse Aide Forms
	Renewal Form
	Reciprocity Form
	Change of Name Form
	Certification Card Request Form
	Change of Personal Information Form



NURSE AIDE SUBMISSIONS:

If the user is a Nurse Aide, they can select any of the following forms to submit:

- Renewal Form
- Certification Card Request Form
- Change of Name Form
- Change of Personal Information Form- Do not use this form if you are also submitting a renewal form. put current address on renewal form submission
- Reciprocity Form
- Other

Nurse Aide Training Program (NATP) SUBMISSIONS:

If the user is a NATP they can select any of the following forms to submit:

- Staff Developments
- Program Evaluations
- Class Rosters
- Corrective Action Plans
- Nurse Aide Training Program
 Documents
- Other

Uploading Files via NAP Self-Service Portal

User must complete the following fields before attaching documents:

- Role
- Select a Form
- E-mail
- First Name, Last Name

- CURRENT Address, City, State, Zip code, County
- Phone number
- SSN # and Certification #
- Date of Birth
- COMPLETE EMPLOYER SECTION- use 'OUT OF STATE" under <u>County</u> field drop down selection if the employer has an out of state address



Role	Nurse Aide Nurse Aide Training Program	Select a Form
Email :		Re-enter Email :
rst Name :		Middle Initial : Last Name :
Address 1		Address 2
City / State / Zip	GA V	1. Complete required fields
55N#:	**	1. Complete required fields
Certification Nurr	iber	
Comments :		
	3. Click Attach Require Documents.	d

Once user completes the required fields the user must click "Attach Required Documents" to populate the attachment section and complete form submission.

Attaching Files via NAP Self Service Portal

You must select the Category before choosing the file

Create an Attachment If you want to attach a document to this Request, click on "Brows Attachment Category :	1. Select Attachment Category.	nt a	2. Click Browse.	Attach File".	3. Select Attach File.
				Browse	Attach File

User must select an attachment category prior to attaching file.

As with other file uploads/attachments tools the following general attachment rules apply:

- File size limit of 20,000 KB or 20MB.
- The following file types may be attached: TXT, DOC, DOCX, PDF, TIF, TIFF, EXCEL, JPG, JPEG, and JPE. When possible, it is recommended to attach PDF files.
- Do not include the following symbols in the file name: / \ # < > '".
- Do not include periods in the file name, except before the file type (as in.PDF).
- Multiple files may be attached but each file must be attached separately.
- If more than one file is attached to the same submission, **the file names must be different**. Also, each file attached to a nurse aide record should only include information for that specific that nurse aide.



Once user has attached the required files, the user can review what documents are required for the submission.

A scan copy of the actual registry form is not required. **The on-line entry is the selected form.** Only upload the required document (s) listed under the, 'Required Documents for Submission' section.



You should be able to see the name of the document attached- EXAMPLE below:



1. Review to ensure required documents are attached.



Submitting Files Electronically via NAP Self-Service Portal

Check the attestation box to attest that information is valid and true. The attestation statement represents the user's signature.

Attestation

I attest that I am the person identified above and I do hereby attest that this information is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may jeopardize active status on the Georgia Nurse Aide Registry.

above.

Form will not be processed until you submit the form with required documents.

	Sul	bmi	t F	orm
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2. Click Submit Form.

Once form is submitted user will receive a confirmation along with a submission ID for their records. This confirmation is also e-mailed to the user.

