

**DEPARTMENT OF COMMUNITY HEALTH - HEALTHCARE FACILITY REGULATION DIVISION**

**CERTIFIED MEDICATION AIDE  
PAYMENT INVOICE FOR APPLICATIONS AND RENEWALS**

**INSTRUCTIONS FOR APPLYING TO BECOME CMA**

**I understand that I must meet all of the following requirements:**

- Be a certified nurse aide (CNA) in good standing on the Georgia CNA Registry.
- Complete the approved CMA training program which has been administered by a Georgia-licensed physician, registered nurse or pharmacist.
- Complete a skills competency checklist for medications administered by the Georgia-licensed physician, registered nurse or pharmacist.
- Pass a written competency test that is administered through the Alliant Health Solutions website with a satisfactory score and
- Pay the **NON-REFUNDABLE** fee of \$25.00 to the Healthcare Facility Regulation Division, to take the written competency test

**INSTRUCTIONS FOR RENEWING CMA STATUS**

**I understand that I must meet the following requirements:**

- Be in good standing on the CMA Registry--not terminated for cause relating to medications.
- Performed qualified work as a CMA in an assisted living community in the past **24** months.
- Submit a satisfactory comprehensive medication skills checklist completed and signed in the last 18 months by a Georgia-licensed registered nurse, pharmacist or physician) and
- Pay the **NON-REFUNDABLE** recertification fee of \$25.00.

**DIRECTIONS FOR PAYMENT**

1. **COMPLETE AND PRINT THIS PAYMENT INVOICE FOR EACH CMA APPLICANT or RENEWAL.**
2. **YOU MUST PROVIDE ALL INFORMATION LISTED BELOW TO ENSURE THAT YOUR PAYMENT IS PROPERLY CREDITED.**
3. **PUT YOUR CNA # ON THE CHECK OR MONEY ORDER IN THE MEMO FIELD TO ENSURE PROPER CREDIT.**
4. **MAIL ONLY CHECK OR MONEY ORDER (NO CASH) AND THIS INVOICE TO:**

**HEALTHCARE FACILITY REGULATION DIVISION  
P. O. BOX 741328  
ATLANTA, GA. 30374-1328**

**(If you don't know your CNA # or CMA # if applicable, you can find it on this website:**

<https://www.mmis.georgia.gov/portal/PubAccess.Nurse%20Aide/tabId/71/Default.aspx>)

<b>FULL NAME:</b> (First Name, Middle Initial, Last Name—Must Be Same As Listed on CNA Registry. If name has changed, contact CNA registry to change name there first)	
<b>ADDRESS:</b>	
<b>CITY:</b>	<b>STATE:</b>
<b>ZIP CODE:</b>	<b>PHONE NUMBER:</b>
<b>CERTIFIED NURSE AIDE #:</b>	<b>MONTH AND DAY OF BIRTH (use numbers 00/00):</b>