

**STATE OF GEORGIA
MEDICATION AIDE REGISTRY
MEDICATION AIDE CERTIFICATION (CMA) RENEWAL**

Dear Certified Medication Nurse Aide:

In order to remain on the Certified Medication Aide (CMA) Registry and to be eligible to work in a licensed approved healthcare facility, you must meet the requirements for re-certification and be in good standing on the CNA and CMA registry.

Requirements for Recertification:

1. Qualified work as a CMA during **every 24 consecutive** months from the time of your initial certification;
2. A completed standardize comprehensive medication skills checklist form signed by a Georgia licensed Registered Nurse or Pharmacist within the past 18 months of your expiration date;
3. Completion of the Application for Renewal; and
4. Payment of the recertification fee of \$25.00. Payment information is located at www.mmis.georgia.gov, click on the Medication Aide Tab. CMA debit or credit card payment link is listed under Section IV- Documents, Forms and Public Links. **Do not submit renewal fee to the Alliant Health Solution Georgia Medication Aide Registry**; and
5. CMA expiration date cannot be updated without verification of the recertification fee of \$25.00.

If you are unable to meet these requirements, you must **re-take the Georgia State approved medication aide training program and pass the state written competency examination again** to remain on the Georgia Medication Aide Registry.

You must send the Medication Aide Registry a completed *Application for Renewal as a Certified Medication Aide*. The form may be printed from the website and mailed to the address on the renewal form or you may process the renewal form on-line via the website at www.mmis.georgia.gov. **Incomplete forms will not be processed. The renewal form must be submitted prior to CMA certification expiration date. Please allow 30 business days for processing.**

If your name or address changes within the next 24 months, fill out a Change of Name/Address form and mail to the Alliant Health Solutions, Attn: GA Medication Aide Registry, P.O. Box 105753, Atlanta, Georgia 30348. You may print a request for *Change of Name/Address form* via the website at 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. All questions should be directed to the Certified Medication Aide Registry at 678-527-3010 or 800-414-4358.

Failure to return the *Application for Renewal as a Certified Medication Aide* will result in your name being removed from the Georgia Medication Aide Registry and you will not be eligible to be hired as a medication aide. If you have any questions or need additional information, please call the numbers above. Thank you for your cooperation.

Sincerely,
Georgia Medication Aide Registry

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

(PLEASE PRINT)

NAME:

LAST FIRST MI

ADDRESS:

Street/Apt Number

City State Zip Code County

CNA/CMA CERTIFICATION NUMBER: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____ E-MAIL: _____

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

SIGNATURE OF MEDICATION AIDE

DATE

Verification of Employment

Section A

Please complete the information below and submit a copy of a standardized comprehensive skills checklist completed and signed by a Georgia-licensed registered nurse or pharmacist within the past 18 months of expiration date and the information listed below concerning the licensed approved employer. Qualified work is required as a CMA during every 24 consecutive months from the time of your initial certification.

Employer (Assisted Living Community/Nursing Home) (_____) Employer's Phone Number

Employer's Address, City, State, Zip Code

Date Hired Employer Type Date Employment Ended

You must send the Medication Aide Registry a completed *Application for Renewal as a Certified Medication Nurse Aide* along with a copy of a standardized comprehensive skills checklist within 18 months of expiration date. The forms may be mailed to **Alliant Health Solutions, Attn: GA Medication Aide Registry, P.O. Box 105753, Atlanta, Georgia 30348**. You may process the renewal form on-line via the website at www.mmis.georgia.gov. **Incomplete forms will not be processed. The renewal form must be submitted prior to CMA certification expiration date. Please allow 30 business days for processing.**