

**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 Assisted Living Community (ALC), you must meet the requirements for recertification and be in good standing on the CNA and CMA registry.

Requirements for Recertification:

- Qualified work as a CMA in an ALC during **every 24 consecutive** months from the time of your initial certification;
- A completed standardize comprehensive medication skills checklist form signed by a Georgia licensed Registered Nurse, Pharmacist or Physician within the past 18 months;
- Completion of the Application for Renewal; and
- Payment of the recertification fee of \$25.00. Payment information is located at www.mmis.georgia.gov, click on the Medication Aide Tab. CMA payment form and CMA credit card payment link is listed under Section IV- Documents, Forms and Public Links. Do not submit renewal fee to Alliant GMCF.
- 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 Nurse*. The form may be printed from the website and faxed to 678-527-3034 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 Georgia Medical Care Foundation, 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. 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 by a licensed Assisted Living Community. 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 physician, registered nurse or pharmacist within the past 18 months and the information listed below concerning the Assisted Living Community (ALC) employer. Qualified work as a CMA in an ALC must be within the last 24 months.

Current Employer (Assisted Living Community) (_____) Employer's Phone Number

Employer's Address, City, State, Zip Code

Date Hired Date Employment Ended

You must send the Medication Aide Registry a completed *Application for Renewal as a Certified Medication Nurse Aide*. The forms may be printed from the website and faxed to 678-527-3034 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.**