



**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 facility, you must meet the requirements for re-certification. Federal Regulations require that you must have worked as a CNA for pay, a minimum of eight hours within the last 24 consecutive months under the supervision of a Registered Nurse. If you are unable to meet this requirement, you must be **retest** to remain on the Georgia 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.

You must send the Registry a completed *Application for Renewal as a Certified Nurse Aide*. The form is enclosed, but may be printed from the web site (www.mmis.georgia.gov) or you may request a form via the Interactive Voice Response System 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 employee, please provide proof of income. Acceptable private duty services must be under the general supervision of a LPN/RN. **Please include a Notarized statement with detailed job duties and time frame worked from employer with LPN/RN signature and license number. Also, attach a copy of check stub or W-2 form as verification of employment. These requirements apply to Section A and B. Failure to submit 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 the last 24 consecutive months as a nurse aide, complete **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 card identifying the new two-year expiration date. If your name changes within the next 24, months fill out a Change of Name form and mail to the Georgia Medical Care Foundation, 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* via the website (www.mmis.georgia.gov) or request a form via the Telephone Interactive Voice Response System by calling 678-527-3010 or 800-414-4358.

Failure to return the *Application for Renewal as a Certified Nurse Aide* will result in your name being removed from the Georgia Registry and you will not be eligible to be hired as a nurse aide by a licensed Medicaid facility. If you have any questions or need additional information, please call the numbers above. 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 this form to:

*Georgia Medical Care Foundation
PO Box 105753
Atlanta, GA 30348*

Please allow 14 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:

Georgia Medical Care Foundation
Nurse Aide Program
P O Box 105753
Atlanta, GA 30348