STATE OF GEORGIA
NURSE AIDE REGISTRY LISTING BY RECIPROCITY
GENERAL INFORMATION

Part I: Eligibility

A certified nurse aide from another state may apply for listing on the Georgia Nurse Aide Registry in lieu of completing a Georgia state-approved Nurse Aide Training and Competency Evaluation Program or state-approved Competency Evaluation Program by meeting the following qualifications. T**he reciprocity application and qualifications will be reviewed before a determination for placement on the registry is rendered.** The individual:

1. Is currently listed on another state's Nurse Aide Registry with an active status and without discipline/encumbered status on file.

2. Has no pending or substantiated findings of patient abuse, neglect, or misappropriation of resident/patient property recorded on another state's Nurse Aide Registry.

3. Has a valid, government-issued social security card with the name matching the individual's registry listing in the state noted in #1 above and a valid government issue Photo ID.

4. Has been employed as a Certified Nurse Aide for at least eight (8) hours, for pay, under registered nurse supervision within the past two years of submitting the required information to Georgia.

Part II: Instructions for Application as a Certified Nurse Aide in the State of Georgia

1. In order for the Georgia Nurse Aide Registry to consider you for reciprocity, you must complete the *Application for Nurse Aide Registry Listing by Reciprocity* form and submit the required documents listed under Section A. **Maryland CNAs only must be a GNA for consideration of placement on the registry.**

2. The application requires verification of your most recent nurse aide employment under registered nurse supervision within the past two years. This information is included under Section B.

3. Private Duty services must be under the general supervision of a LPN/RN. Please provide notarized statement listing job duties and time frame worked from LPN/RN with nurse's signature and current license number. Also, attach a copy of check stub or W-2 form as proof of payment for nurse aide services.

4. The Georgia Nurse Aide Registry will verify registry status in the state that currently lists your name as a certified nurse aide. Upon state verification, the Georgia Nurse Aide Registry will evaluate the complete application, along with the state verification information before adding your name to the Georgia registry without taking the Georgia Written/Oral and Skills Competency Examination. You must meet **all** the eligibility requirements listed in Part I. In states where verification is not available via the web portal, the Georgia registry will mail a verification form to the state to complete. This process will hold up the review for approval for placement on the Georgia Registry. **Please allow 14 business days for processing when verification of registry status can be verified in the current certification state via the web portal. If the verification form is mailed from Georgia to the current certification state for completion, please allow more time for processing. RECIPROCITY FORM CANNOT BE FAXED.**

5. If Georgia address is not provided at time of placement on the Georgia registry a certification card will not be mailed out. Once you move to Georgia, call the nurse aide registry at 678-527-3010 or 800-414-4358 to provide a Georgia address and a certification card will be requested to the correct address. Verification status can be printed via the web site at www.mmis.georgia.gov.

6. If there is a change of address, it is the sole responsibility of the CNA to report this change. The CNA has 10 workings days to report the change so that the registry will be updated appropriately.

Please return the completed form to: Alliant Health Solutions, Attn: Nurse Aide Registry
PO Box 105753, Atlanta, GA 30348

Instructions to Nurse Aide Applicant: It is certified nurse aide's responsibility to complete Section A and Section B.

Section A:
(Please Print or Type)
Name (Last) _____ (First)_____(Middle)_____

Social Security Number #_____
Attach the following:
- **Legible Copy of Social Security Card**
- **Legible Copy of Government Issued Photo ID**
- **Copy of current State Certification Card or Web Portal Printout**
- **Candidates not on a Certified Nurse Aide Registry- Must submit a copy of the Certified Nurse Aide Training Program Completion Certificate**
- **Proof of Employment – one copy of a paystub or W-2 form within past two years (review Section B)**

Date of Birth_____ Maiden Name (Last Only) _____

Street Address_____
City/State/Zip Code _____County _____
Area Code & Home Phone Number _____
Email Address_____

Current nurse aide certification State _____Certification #_____

I hereby apply for listing on the Georgia Nurse Aide Registry by reciprocity from the state indicated above. I acknowledge that all information provided in this application and in the enclosed documents is true and accurate. I understand that information provided under any other pretense is considered fraud, punishable by law, and will result in denial of me being listed on the Georgia Nurse Aide Registry.

Nurse Aide Applicant Signature_____Date_____

Section B: Verification of Employment

___ No CNA employment history within the past two (2) years. Active status CNA must retest in GA for placement on registry. GA registry will email test instructions after reciprocity form is reviewed.
___Trained and/or passed the state competency examination within the last year. Date completed_____

List the current or last **CNA** employer within the past two years. The exact dates of employment are required. **The employer's complete name, address and phone number must be completed and include one copy of the following as proof of employment: paycheck stub, W-2 form or letter from most recent CNA employer on employer's letterhead listing job duties and dates of employment. The State of Georgia will not accept volunteer work. See Private Duty requirements on the general information page.**
_____ to_____.
 Date of Hire (mo.day.year)   Last Day Worked (mo.day.year)

Facility Name_____
Address_____
City_____State_____Zip_____
Telephone (_____) _____ Type of Employer/Facility_____