



COVID-19 Temporary Nurse Aide Facility Application

(Please print or type)

Name of Nursing Facility

Business Address:

Street

City

Zip Code

County

Phone:

Fax:

Facility's E-mail Address (required)

Facility's Contact
Person

Name

Title

Name of Administrator

E-mail Address

Faculty

Nurse Educators (RN or LPN)

Name

Title

GA License Number

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

Preparer's Signature

Date



COVID-19 Temporary Nurse Aid Facility Application Instructions

Please mail or upload the COVID-19 Temporary Nurse Aide Facility Application to Alliant Health Solutions.

Approval from Alliant Health Solutions is not required for Facilities to begin the 8 hour on-line temporary nurse aid course. All facilities must utilize the **Temporary Nurse Aide Skills Competency Checklist** developed by AHCA/ACAL. Please keep a copy of the Temporary Nurse Aide Skills Competency Checklist on file at the facility for each candidate.

Mailing address:

Alliant Health Solutions
Nurse Aide Training Program
P. O. Box 105753
Atlanta, GA 30348
www.mmis.georgia.gov

Upload Instructions:

Go to www.mmis.georgia.gov, click on the Nurse Aide/Medication Aide tab, click on Nurse Aide Program Self Service Portal link, complete fields and attach the application.