Georgia Nurse Aide Program

APPLICATION FOR REGISTRATION BY COMPETENCY EXAMINATION

PLEASE PRINT LEGIBLY — USE INK ONLY

1. Social Security Number: ☐☐☐-☐☐-☐☐☐☐ **Date of Birth:** ☐☐/☐☐/☐☐☐☐ (M M / D D / Y Y Y Y) **Gender:** ☐ M ☐ F

You are required to provide your social security number with the understanding that it will be used only as an identification number for record keeping and verification of your listing on the Georgia Nurse Aide Registry. The information on this application will be entered on the Georgia Nurse Aide Registry and, with the exception of your social security number, will be a matter of public record. By submitting a copy of your Social Security Card, you are providing proof that this Social Security number has been legally issued to you.

2. PRINT FULL NAME (For previously certified Nurse Aides: Your name must match Registry records, or proof of name change is required.)

LAST

FIRST MIDDLE

MAIDEN NAME (If Applicable)

3. MAILING ADDRESS (Please provide only one: Street OR P.O. Box)

STREET (number and name) APARTMENT NUMBER PO BOX

CITY STATE ZIP CODE

4. COUNTY CODE (Please refer to the table on the last page of this application for your county code.) ☐☐☐

5. DAYTIME Phone Number: ☐☐☐-☐☐☐-☐☐☐☐ (AREA CODE) **EVENING Phone Number:** ☐☐☐-☐☐☐-☐☐☐☐ (AREA CODE)

6. E-MAIL ADDRESS (OPTIONAL)

7. REGISTRATION FOR EXAM & FEES ***(All candidates MUST CHECK one of the following exam types.)***

If you are currently employed by or have a written offer or signed acceptance of employment as a nurse aide in a nursing home that participates in Medicaid/Medicare programs, your employer must pay the examination fee. Both parts of the exam must be taken. If you fail one part after the initial try then you only pay and retake the part you failed.

1. ☐ **Written Exam and Skills Evaluation $112.00**
2. ☐ **English Oral Exam and Skills Evaluation $112.00**
3. ☐ **Spanish Oral Exam and Skills Evaluation $112.00**
4. ☐ **Written Exam *Only* (Retest) $27.00**
5. ☐ **Skills Evaluation *Only* (Retest) $85.00**
6. ☐ **English Oral Exam *Only* (Retest) $27.00**
7. ☐ **Spanish Oral Exam *Only* (Retest) $27.00**

Fees MUST accompany ALL applications and are NON-REFUNDABLE.

Fees may be paid only by either a certified check, company check, money order, or Pearson VUE voucher made payable to "NACES Plus Foundation, Inc." *Personal checks, cash, or credit card payments are not accepted.*

Your application, copy of training program certificate (if applicable), a copy of your U.S. Government-issued Social Security Card, photo I.D. (or Military I.D.), and examination fees must be mailed to:

NACES Plus Foundation, Inc., 8501 North Mopac Expressway, Suite 400, Austin, Texas 78759

NOTE: If you are requesting ADA accommodations, please submit all required documentation with this application.

8. I WANT TO TEST: *(You MUST check one option below.)*

☐ **At a Regional Test Site** Provide the test site and the location of the test site where *you prefer* to test. Please list all of your choices. If neither of your choices are available, you will be assigned the first available test site in your area. The Regional Test Sites and the RTS Codes may be found in the Georgia Nurse Aide Candidate Handbook, or as a link labeled *Regional Test Sites* on the Georgia Nurse Aides page of the Pearson VUE web site (*www.pearsonvue.com*).

Site Code: R T S - _____ **Test Site City/Town:** _____

Site Code: R T S - _____ **Test Site City/Town:** _____

☐ **At a State-Approved In-Facility Test Site** *(Complete the information below):*

Training Program Name: _____ Training Program Number: _____

Test Date: __/__/____

9. ELIGIBILITY ROUTES *(You MUST SELECT ONE of the following Eligibility Routes.)*

I understand that I will be required to complete a new State-approved Nurse Aide Training Program and re-test if I do not pass the competency exam after three (3) attempts within one (1) year (12 months) of completing my training program.

All candidates must submit the following required documents along with their application:

- ☐ **Legible copy of Social Security Card**
- ☐ **Legible copy of Photo Bearing I.D. card**
- ☐ **Legible copy of United States Government-issued Military I.D., if applicable**

If any required document is not attached to the application, you will not be scheduled for testing until the required documentation is received by NACES.

Please refer to the Georgia Nurse Aide Candidate Handbook for detailed Eligibility Route requirements.

☐ **E1 New Nurse Aide Candidates —** All applicants who have successfully completed a Georgia State-approved Nurse Aide Training Program.

Required Documents (in addition to above):

☐ Legible copy of training certificate **(Must be notarized and signed by instructor; must show completion date)**

☐ **E2 LPN/RN Candidates —** Applicants who are currently licensed in Georgia or in another state within the U.S.

Required Documents (in addition to above):

☐ Legible copy of LPN/RN license

☐ **E3 Out-of-State Trained Nurse Aide —** Applicants who received training at a state-approved training program in a state other than Georgia and are not yet listed on another state's registry.

Required Documents (in addition to above):

☐ Legible copy of training certificate **(Must be signed by instructor; must show completion date. Must also list state where candidate trained.)**

Note: Candidate must test and pass both parts of the exam within one (1) year of completing the out-of-state training.

☐ **E4 Out-of-State Trained Nurse Aide – Lapsed —** Applicants who received training at a state-approved training program in a state other than Georgia whose registration has lapsed.

Required Documents (in addition to above):

☐ Legible copy of **OFFICIAL** out-of-state registry verification showing in Good Standing (no findings); **must list state where trained.**

☐ Out-of-State Certification Number_____ Effective Date_____

☐ Expiration Date_____

Note: Candidate must pass both portions of the NNAAP examination within three (3) test attempts before the three (3) year expiration date. The three (3) examination attempts begin from the moment the candidate takes the first examination. If the examination is not passed within three (3) attempts, the candidate must re-train and re-test under Eligibility Route E1. Candidate must submit a non-deficient completed application to NACES before three (3) year lapsed expiration date in order to be scheduled for the written/oral and skills competency examination. If the testing application is received after the three-year lapsed expiration date, the candidate must re-train and re-test under Eligibility Route E1.

☐ **E5 Georgia Lapsed or Expired Registration —** Applicants whose Georgia certification has lapsed or expired.

Required Documents (in addition to above):

☐ Certification Number_____ Effective Date_____

☐ Expiration Date_____

Note: Candidate must pass both portions of the NNAAP examination within three (3) test attempts before the three (3) year expiration date. The three (3) examination attempts begin from the moment the candidate takes the first examination. If the examination is not passed within three (3) attempts, the candidate must re-train and re-test under Eligibility Route E1. Candidate must submit a non-deficient completed application to NACES before three (3) year lapsed expiration date in order to be scheduled for the written/oral and skills competency examination. If the testing application is received after the three-year lapsed expiration date, the candidate must re-train and re-test under Eligibility Route E1.

Eligibility Routes continue on following page

☐ **E6 Reciprocity Candidate (who must test) —** Applicants who are transferring from another state whose verification is not expired, but have not worked as a nurse aide during the past 2 years (24 months, or is listed in another state as not eligible to work in a Long Term Care Facility).

Required Documents (in addition to above):

☐ GMCF Approval To Test Letter.

Note: Complete Section 10 of this application using the information provided in the GMCF Approval To Test Letter.

10. PROVIDE GA TRAINING PROGRAM INFORMATION *(Must complete if you checked Eligibility Routes E1 or E6.)*

Your Georgia Nurse Aide Training Program *MUST* complete this section. Your Training Program instructor cannot sign this portion until training is complete. *You must include a copy of your training program completion diploma or certificate.* Training is only valid for (1) year from completion of training. If your training is more than one (1) year old, please register under Eligibility Route E1.

Training Program Name: _____

Training Program Number: ☐☐☐☐☐☐ **Training Program Completion Date:** ☐☐/☐☐/☐☐☐☐

11. EMPLOYMENT INFORMATION

If you are currently employed as a nurse aide, or have an offer for employment, please check one of the following to indicate type of place where you are or will be working as a nurse aide. If you are not employed as a nurse aide, check the box labeled "Not currently employed in health care".

☐ Assisted Living ☐ Home Health ☐ Hospice

☐ Hospital ☐ Nursing Home ☐ Personal Care Home

☐ Private Duty ☐ Other _____

☐ Not currently employed in health care

Name of Employer/Facility: _____

Address of Employer/Facility: _____

Phone Number of Employer/Facility: ☐☐☐-☐☐☐-☐☐☐☐
AREA CODE

12. CANDIDATE STATEMENT AND SIGNATURE *(All candidates MUST sign.)*

I understand that I am responsible for making sure that all of the information provided in this application is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status and listing as a Nurse Aide, and may result in prosecution by the State of Georgia.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

MAILING INFORMATION

YOU MUST MAIL THE FOLLOWING, TOGETHER IN ONE ENVELOPE, SO IT IS RECEIVED AT NACES AT LEAST 12 BUSINESS DAYS PRIOR TO YOUR REQUESTED EXAM DATE:

☐ Your application

☐ A copy of your Georgia Nurse Aide Training Program completion diploma or certificate from a Georgia State-approved Nurse Aide Training Program or LPN/RN program (if you checked Eligibility Routes E1, E2, or E3)

☐ Your 2 forms of identification

☐ A copy of your listing on another state registry, if you selected Eligibility Route E4

☐ Correct exam fees: ie. certified check, money order, or company voucher

If you do not receive an Admission Ticket within ten (10) business days of mailing your application, call NACES at (866) 432-2865. NACES is not responsible for lost, misdirected, or delayed mail delivery.

If you cannot attend your scheduled exam date, you MUST call NACES at least five (5) business days before the test date to reschedule or you will forfeit your exam fees.

NACES Plus Foundation, Inc.
8501 North Mopac Expressway, Suite 400
Austin, Texas 78759

State of Georgia County Codes

001	Appling
002	Atkinson
003	Bacon
004	Baker
005	Baldwin
006	Banks
007	Barrow
008	Bartow
009	Ben Hill
010	Berrien
011	Bibb
012	Bleckley
013	Brantley
014	Brooks
015	Bryan
016	Bulloch
017	Burke
018	Butts
019	Calhoun
020	Camden
021	Candler
022	Carroll
023	Catoosa
024	Charlton
025	Chatham
026	Chattahoochee
027	Chattooga
028	Cherokee
029	Clarke
030	Clay
031	Clayton
032	Clinch
033	Cobb
034	Coffee
035	Colquitt
036	Columbia
037	Cook
038	Coweta
039	Crawford
040	Crisp
041	Dade
042	Dawson
043	Decatur
044	DeKalb
045	Dodge
046	Dooly
047	Dougherty
048	Douglas
049	Early
050	Echols
051	Effingham
052	Elbert
053	Emanuel
054	Evans
055	Fannin
056	Fayette
057	Floyd
058	Forsyth
059	Franklin
060	Fulton
061	Gilmer
062	Glascock
063	Glynn
064	Gordon
065	Grady
066	Greene
067	Gwinnett
068	Habersham
069	Hall
070	Hancock
071	Haralson
072	Harris
073	Hart
074	Heard
075	Henry
076	Houston
077	Irwin
078	Jackson
079	Jasper
080	Jeff Davis
081	Jefferson
082	Jenkins
083	Johnson
084	Jones
085	Lamar
086	Lanier
087	Laurens
088	Lee
089	Liberty
090	Lincoln
091	Long
092	Lowndes
093	Lumpkin
094	Macon
095	Madison
096	Marion
097	McDuffie
098	McIntosh
099	Meriwether
100	Miller
101	Mitchell
102	Monroe
103	Montgomery
104	Morgan
105	Murray
106	Muscogee
107	Newton
108	Oconee
109	Oglethorpe
110	Paulding
111	Peach
112	Pickens
113	Pierce
114	Pike
115	Polk
116	Pulaski
117	Putnam
118	Quitman
119	Rabun
120	Randolph
121	Richmond
122	Rockdale
123	Schley
124	Screven
125	Seminole
126	Spalding
127	Stephens
128	Stewart
129	Sumter
130	Talbot
131	Taliaferro
132	Tattnall
133	Taylor
134	Telfair
135	Terrell
136	Thomas
137	Tift
138	Toombs
139	Towns
140	Treutlen
141	Troup
142	Turner
143	Twiggs
144	Union
145	Upson
146	Walker
147	Walton
148	Ware
149	Warren
150	Washington
151	Wayne
152	Webster
153	Wheeler
154	White
155	Whitfield
156	Wilcox
157	Wilkes
158	Wilkinson
159	Worth
222	Out of state