



**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](http://www.mmis.georgia.gov)

**Upload Instructions:**

Go to [www.mmis.georgia.gov](http://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.