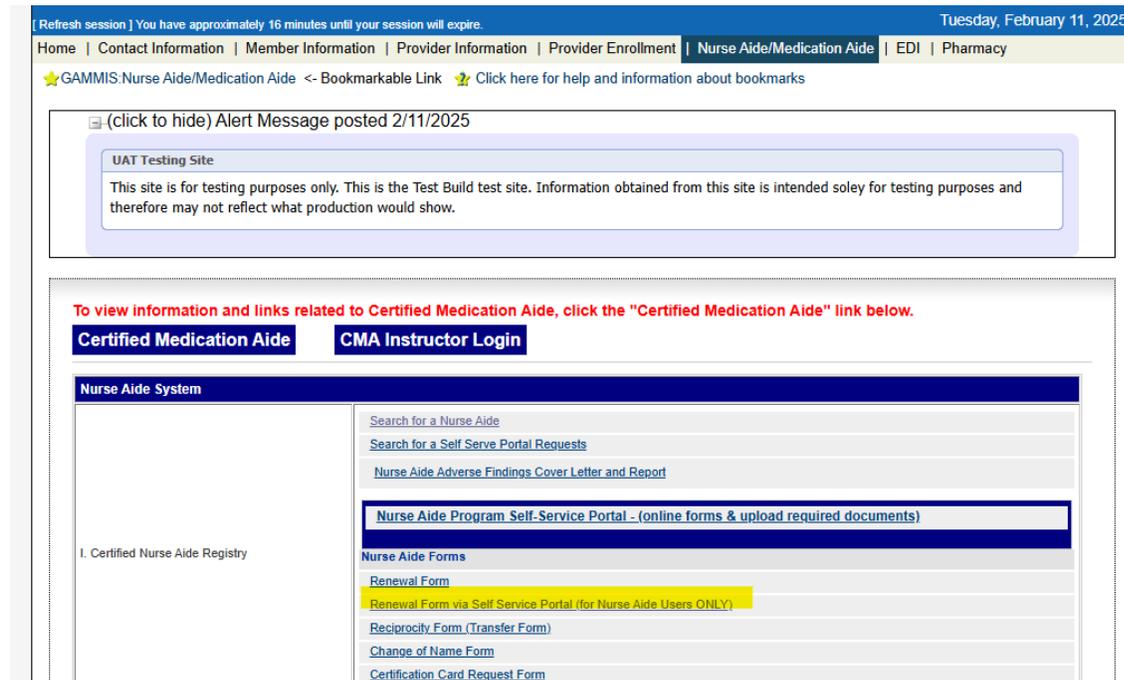# Nurse Aide Renewal Form via Self-Service Portal

ACCESS THE USER SEARCH FEATURE

The Renewal Form via the Self-Service Portal for Nurse Aide Users is accessed through the following web address:

https://www.betammis.georgia.gov/portal/PubAccess.Nurse%20Aide/tabId/44/Default.aspx; then select the menu option Renewal Form via Self Service Portal (for Nurse Aide Users ONLY).

SELECT ROLE & FORM

The next page to display is the Select Role & Form page. The user must be a Nurse Aide who can submit a Renewal Form. The only current options are defaulted and cannot be changed.

There is a link to print a blank form and requirements from the GA Department of Community Health, and a reminder about the documents needed for the renewal process so that the user can have all materials at hand before starting.

Click Next when ready.

USER SEARCH CRITERIA

On the next page, the user will enter 5 search criteria for their account and enter the CAPTCHA code. The initial checkbox, "I am applying for myself," is pre-filled. All five criteria are required; reminder messages will display for fields not completed.

For security purposes, the SSN and the CAPTCHA code must be re-entered for each attempt.

Enter the information in correct format and click Next.

SECURITY CHECK

When the User Search Criteria has been verified, a final security check will occur. A screen displays a security code that has been sent to the user's email as entered above.

The user should find in their email a message containing the "One Time Password" security code for the NAP portal. The One-Time Password will only be valid for 20 mins and the email will look like below.

Hi Amber !

Use the following one-time password (OTP) to complete identity verification for **Nurse Aide Self Service Portal**.

This OTP will be valid for 20 minutes till **02/11/2025 05:03:51 PM** and is **case sensitive..**

B5OUAPMJ

Do not share this code with anyone or your account could be compromised.
If you didn't initiate this action or if you think you received this email by mistake, please contact service@allianthealth.org.

Regards,
Alliant Health Solutions
Nurse Aide Self Service Portal - NASSP
[Close]

Enter the One Time Password as received in the email. If the security code entered is incorrect, the system shows a message.

Invalid one time password entered. Please try again. 4 attempts remaining

The system allows 5 attempts to enter the one-time password – failure will result in navigating to Form Selection page and starting the process again.

RENEWAL FORM

After submitting the correct security code, the user is brought to the Self-Serve Nurse Aide Program - Renewal Form page. Some data is pre-filled from the existing NAP record.

ALLIANT HEALTH SOLUTIONS

Georgia Nurse Aide Self-Service Portal

Self-Serve Nurse Aide Program - Renewal Form		On-line Form Instructions

Please review On-line Form Instructions link before completing the form and fill out all the required fields.

Role :	Nurse Aide	Form Type :	Renewal Form

🖨 Print Blank PDF Form and Requirements

* Email :	karen.brooks@alianthealth.org	* Re-enter Email :	

Nurse Aide Information

CNA First Name :	AMBER	CNA Last Name :	BROOKS
		Middle Initial :	
* CNA Address 1 (Current) :	PO BOX 766	CNA Address 2 (Current Apt/Ste/Unit) :	
* CNA City :	MCCAYSVILLE	* CNA State :	GA
* CNA Zip :	30555	* CNA County :	Fannin
* CNA Phone :	7066334989		
Certification Number :	CN0030031177	Certification Expiration Date :	07/09/2016

Verification of Employment

* Are you currently working as CNA?	○ Yes ○ No

Complete the employer information section below with your current CNA employer or if you are NOT currently working as a CNA, but worked within the prior 24 consecutive months as a nurse aide.

CNA **without** employment in a healthcare field for each two-year renewal period from the last recertification date will not be able to renew their certification. The individual must perform activities of daily living, hands-on CNA duties for at least 8 hours within each two-year renewal period from their last recertification date.

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.

Most Recent Employer Information

* Employer/Facility Name :		* Phone Number :	
* Employer Type :			
* Address 1 :		Address 2 :	
* City :		* State :	
* Zip :		County :	
* Date Worked From :	mm/dd/yyyy 📅	* Date Worked To :	mm/dd/yyyy 📅 ☐ Still Employed

If there is a change of address, it is the sole responsibility of the CNA to report this change.
The CNA has 10 working days to report the change so that the registry will be updated appropriately.
Please allow 10 business days for processing and check the registry status on the web portal at www.mmis.georgia.gov

Comments

Attestation

I attest that I am the person identified above and I do hereby attest that this information is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may jeopardize active status on the Georgia Nurse Aide Registry.

* Who is submitting this form?	● CNA
* Name of the Person Submitting this Form :	
* Title of the Person Submitting this Form :	
* ☐ Check here to indicate that you have read and agree to the terms listed above.	

Complete all the CNA and Employer fields then select 'Save Form' to view the attachment section.

[Save Form] [Cancel & Close]   🖨 Print Blank PDF Form and Requirements

FORM SUBMISSION

Users next verify the fields pre-populated in the form, modify them as required, and complete any missing information.

Email is re-entered as a validation step.

CNA County is required if the state is GA; not required otherwise.

The Nurse Aide must answer the Verification of Employment. If not currently working as a CNA, they must enter the most recent CNA employer within the last 24 months. If the Nurse Aide did not work in a healthcare field within the last 24 months, they will not be able to renew their certification.

Complete the required fields in the Recent Employer Information. If "still employed" is checked, the Date Worked To is disabled and not required. If no longer employed, this date must be completed.

The Attestation section must be completed by the CNA. Their name and title are to be filled in, and the checkbox checked to indicate that they have read and agreed to the terms. Later, there may be others allowed to complete the attestation, such as an employer.

Click **Save Form**. Correct any missing/invalid information as needed.

UPLOADING SUPPORTING DOCUMENTS

After saving the form, the system displays a section for uploading the supporting documents. This section also contains the form number (beginning with F) by which the submission can be identified in the system.

Required documents for submission

Please attach at least 1 of the required documents listed as proof of paid services as a Certified Nurse Aide
1. Check Stub or W2
2. Other
3. Proof of Employment

Upload a file for this record

If you want to attach a document to this Request, select an option from the attachment category dropdown, Click on "Browse" or Click on "Choose file", select your document, and then click on Upload Selected File(s).

* File Type : [Proof of Employment ⌄] [Choose Files | No file chosen] [Upload Selected File(s)]

File Name	Type	Uploaded By	Uploaded On	Action
parsing 22776.pdf	Check Stub or W2	karen.brooks@allianthealth.org	2/12/2025 3:44:52 PM	Delete
MS_PC_Application.pdf	Proof of Employment	karen.brooks@allianthealth.org	2/12/2025 3:48:09 PM	Delete

Please be patient when uploading files. Attaching documents may take some time. Maximum file size 20 MB is allowed.

Form will not be processed without required documents and user must select the 'Submit and Close' tab to complete submission

[Submit And Close]   🖶 Print Blank PDF Form and Requirements

File uploaded successfully. - F2502120016-MS_PC_Application.pdf

1. Select an attachment category prior to attaching file.

2. As with other file uploads/attachments tools the following general attachment rules apply:
   - File size limit of 20,000 KB or 20MB.
   - The following file types may be attached: TXT, DOC, DOCX, PDF, TIF, TIFF, EXCEL, JPG, JPEG, and JPE. When possible, it is recommended to attach PDF files.
   - Do not include the following symbols in the file name: / \ # < > '".
   - Do not include periods in the file name, except before the file type (as in.PDF).
   - Multiple files may be attached but each file must be attached separately.
   - If more than one file is attached to the same submission, the file names must be different. Each file attached to a nurse aide record should only include information for that specific nurse aide.
3. Once the file(s) is uploaded, the user will get a message and can view/delete the file as needed or upload additional files.
4. Click the **Submit and Close** button to complete the submission of the Renewal Form and associated attachments.

VIEW AND DELETE UPLOADED DOCUMENTS
To view the uploaded document user clicks on File Name link so that file will be downloaded on the user's system. The download location will be defaulting location as set by browser/user.

File Name	Type	Uploaded By	Uploaded On	Action
parsing_22776.pdf	Check Stub or W2	karen.brooks@allianthealth.org	2/12/2025 3:44:52 PM	Delete
MS_PC_Application.pdf	Proof of Employment	karen.brooks@allianthealth.org	2/12/2025 3:48:09 PM	Delete

To delete the uploaded document the user clicks on the Delete button next to the File Name row.

After clicking on the Delete button the user will be asked to confirm the deletion, and the action cannot be undone. Users can click on Cancel and return to the form or can click on OK the delete the file from application.

Upon confirming the delete operation below message will be shown to the user and file will be deleted.

ADDITIONAL HELP
For any additional help, queries or concerns users can contact the Nurse Aide Program-

- Phone number: +1 (678) 527-3010