STATE OF GEORGIA
NURSE AIDE REGISTRY
APPLICATION FOR RENEWAL AS A CERTIFIED NURSE AIDE

KETTIA TILOR-DUFRESNE
2808 DRIFTWOOD CT
CONYERS, GA 30013

DOB: XX/XX/1986
CERTIFICATION #: CN0030060048
PHONE #: 404-625-3987
RECERTIFICATION DATE: 07/03/2022
EMAIL:

000002 0 1 02 02 0062130818

If any of the above information is incorrect, please draw a line through the incorrect information and print the correct information below:

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

Ketha T. Dufresne — Signature of Nurse Aide
5/24/2022 — Date

Verification of Employment

Section A

If you **are** currently working as a CNA, please complete the information below with your employer's signature and a copy of a check stub or W-2 Form as proof of employment. Acceptable Private Duty services 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.

UCP of Georgia — Current Employer (Facility or Agency Name)
(770) 676 2000 — Employer's Phone Number

3300 Northeast Expy NE Building 9, ATL GA 30341 — Employer's Address, City, State, Zip Code
Type of Employer

2/11/2019 — Date of Hire
EMPLOYER SIGNATURE
6/10/2022 — Date

Section B

If you are NOT currently working as a CNA, please complete the information below for your most recent job within the prior 24 consecutive months as a nurse aide. Please attach a copy of a check stub, W-2 Form or letter from employer on letterhead as proof of employment. Acceptable Private Duty services 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.

Employer (Facility or Agency Name)
(_____) Employer's Phone Number

Employer's Address, City, State, Zip Code
Type of Employer

Date of Hire
Date of End of Employment

Please return form via mail or upload to GAMMIS Web Portal. Mailing address is listed below: Alliant Health Solutions, PO Box 105753, Atlanta, GA 30348

Upload form and required documents via the GAMMIS Web Portal at www.mmis.georgia.gov, click on the Nurse Aide/Medication tab, then click Nurse Aide Program Self Service Portal to upload all forms/documents.

Please allow 10 business days from receipt for processing.