

MEDICAID ENTERPRISE SYSTEM TRANSFORMATION

# STATE OF GEORGIA NURSE AIDE PROGRAM CORRECTIVE ACTION PLAN INSTRUCTIONS

For Georgia Department of Community Health

PREPARED BY

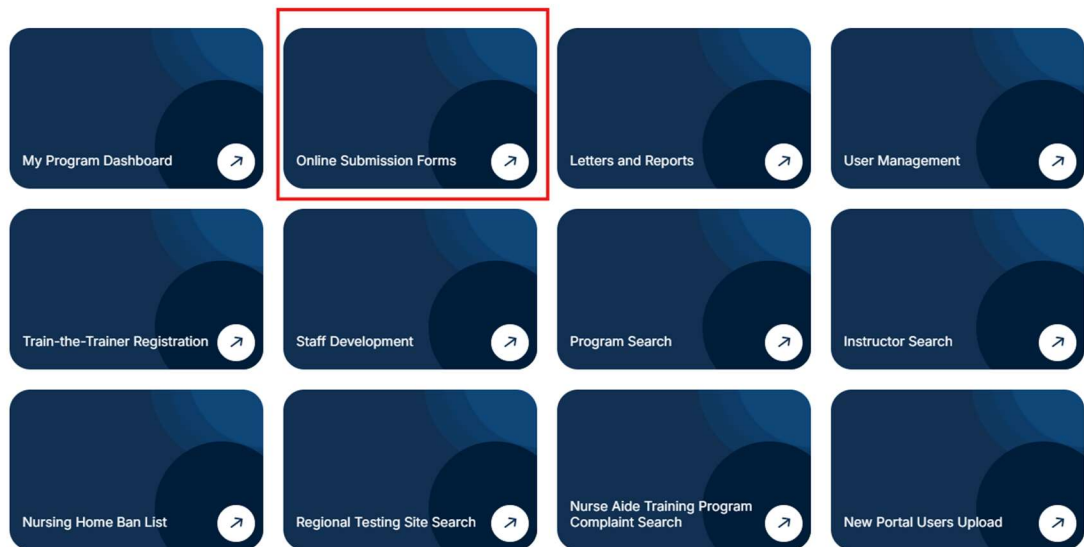


# STATE OF GEORGIA NURSE AIDE PROGRAM CORRECTIVE ACTION PLAN INTRUCTIONS

To remain active on the **Georgia Nurse Aide Registry** and eligible to work in licensed Medicaid and Medicare facilities, Certified Nurse Aides (CNAs) must meet specific **recertification requirements** as outlined by federal and state regulations:

## Corrective Action Plan

- Click Online Submission Form



- Click on arrow to open a dropdown menu of the forms that can be submitted online. Choose Corrective Action Plan

Step 1  
○ General Information  
In Progress

General Information [Online Form Instructions](#)

Please review Online Form Instructions link before completing the form. Select a form type and click Next to proceed with next steps.

Form Type:

-- Select Form Type --

-- Select Form Type --

Class Rosters

Corrective Action Plans

Other (NATP)

Next

- Click Next

- No documentation is required to upload. All information needed will be entered on form. Click Next

**Step 1**  
General Information  
*In Progress*

**Step 2**  
Add Issues  
*Not Completed*

**Step 3**  
Comments  
*Not Completed*

**Step 4**  
Attestation  
*Not Completed*

**Step 5**  
Upload Documents  
*Not Completed*

**Step 6**  
Submission Status  
*Not Completed*

**General Information** [Online Form Instructions](#)

Please review Online Form Instructions link before completing the form. Select a form type and click Next to proceed with next steps.

Form Type:  
Corrective Action Plans

1 or more of the documents listed below are required. If any of this information is missing, please do not proceed. Please review the form instructions for requirements.

- Other

**Next**

- For each issue, please enter a Problem Statement, a Goal, the Corrective Actions, the Due Date and Status. Click Add New to enter a second issue.

Problem Statement	Goal	Corrective Actions	Due Date	Status	Delete
<input type="text" value="Problem Statement"/>	<input type="text" value="Goal"/>	<input type="text" value="Corrective Actions"/>	11/03/2025 <input type="checkbox"/>	Completed <input type="button" value="v"/>	<input type="button" value="Delete"/>

- If another issue is not needed, then just click Next

Problem Statement	Goal	Corrective Actions	Due Date	Status	Delete
<input type="text" value="Problem Statement"/>	<input type="text" value="Goal"/>	<input type="text" value="Corrective Actions"/>	11/03/2025 <input type="checkbox"/>	Completed <input type="button" value="v"/>	<input type="button" value="Delete"/>
<input type="text" value="Problem Statement"/>	<input type="text" value="Goal"/>	<input type="text" value="Corrective Actions"/>	11/03/2025 <input type="checkbox"/>	Ongoing <input type="button" value="v"/>	<input type="button" value="Delete"/>

- Enter any comments needed

**Add Issues** Corrective Action Plans

Comments

Write your comments here

- Read attestation. Select user's role, name, and title. Check the box to indicate you have read the attestation. Click Save Form

**Attestation** Corrective Action Plans

I hereby affirm that I am the individual identified below and that the information provided is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material facts may result in the loss of active status within the Georgia Nurse Aide Program.

Who is submitting this form?  
 CNA  Employer  Other  
Select who is submitting this form.

Name of the Person Submitting this Form :  Name is required.

Title of the Person Submitting this Form :  Title is required.


Check here to indicate that you have read and agree to the terms listed above.

- User may upload any additional documentation, but it is not required. Click Submit when completed (whether documents are uploaded or not).

Please attach any additional documents if needed.

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

Attachment Category :

  
**Drag & drop files or [Browse Files](#)**  
Maximum file size allowed: 20MB

Please be patient when uploading files. Attaching documents may take some time.

- User will receive a no-reply email stating that the form has been successfully submitted