



# CNA Workforce Enhancement Stipend Program

## Stipend Payment Two

The Georgia CNA Career Pathway Initiative is pleased to announce the CNA Workforce Enhancement Stipend Program. The purpose of this program is to support individuals while they complete their nurse aide training program and build their career working in a Georgia long-term care facility. The stipend can help with the cost of books, testing, child/elder care, travel, etc.

500 stipends of \$5000 will be paid across three payments as an individual achieves the following milestones.

- Stipend Payment One (\$1,250): upon starting the nurse aide training program
- Stipend Payment Two (\$1,250): upon completing the nurse aide training program and achievement of CNA certification
- Stipend Payment Three (\$2,500): upon completing three months of tenure in a Georgia long-term care facility

To be eligible for Stipend Payment Two, each individual must:

- Receive Stipend Payment One
- Complete the didactic and clinical requirements of an approved nurse aide training program in Georgia (the program must be approved by Alliant Health Solutions)
- Pass the Nurse Aide Written (or Oral) Examination and Skills Evaluation
- Submit this application and proof of passing the written/oral examination and skills evaluation on or after the date nurse aide certification is received

To be eligible for Stipend Payment Three, each individual must complete all stipend eligibility milestones in sequence and complete their three months of employment before March 31, 2024.

For questions about eligibility or to find the nearest  
approved nurse aide training program  
visit [gacnainitiative.org](http://gacnainitiative.org)

If you meet the eligibility requirements on page one, please complete the information and certification below. Please **handwrite in non-cursive text**.

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Nurse Aide Training Program: \_\_\_\_\_

Nurse Aide Training Program Completion Date: \_\_\_\_\_

Did you pass the Nurse Aide Written (or Oral) Exam? ☐Yes ☐No

Did you pass the Nurse Aide Skills Evaluation? ☐Yes ☐No

*Note: You must submit proof of passing the Georgia nurse aide written/oral examination and skills evaluation along with your application.*

University of Georgia Supplier Identification Number: \_\_\_\_\_

Are you considering working as a CNA in a long-term care facility?\* ☐Yes ☐No

What long-term care facility are you considering working for? \_\_\_\_\_

Would you like more information about working in  
a long-term care facility? ☐Yes ☐No

*\* Please Note: The purpose of this program is to increase CNAs in Georgia long-term care facilities. Applicants need to express intent to align with this purpose, but do not need to be working in a Georgia long-term care facility to receive Stipend Payments One and Two.*

I \_\_\_\_\_  
Print First and Last Name  
certify that I meet the eligibility requirements to receive  
Stipend Payment Two through the Georgia CNA Workforce Enhancement Stipend  
Program and that the information provided in this form is true and accurate to the  
best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

Nurse Aide Training Program Instructor

This section of the certification must be completed by one of the approved instructors of the nurse aide training program listed above:

Instructor First Name: \_\_\_\_\_ Instructor Last Name: \_\_\_\_\_

Nurse Aide Training Program: \_\_\_\_\_

Instructor Phone Number: \_\_\_\_\_

I \_\_\_\_\_ certify that \_\_\_\_\_ meets the  
Instructor First and Last Name Student First and Last Name  
eligibility requirements to receive Stipend Payment Two through the Georgia CNA  
Workforce Enhancement Stipend Program and that the information provided in this  
form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Today's Date

*Please Note: Stipend payments through the CNA Workforce Enhancement Stipend Program  
may end before the dates designated within this form due to grant funding limitations.*