



# **CNA Workforce Enhancement Stipend Program**

## **Stipend Payment Three**

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 awarded across three payments as an individual achieves the following milestones.

- Stipend Payment One: upon starting the nurse aide training program
- Stipend Payment Two: upon completing the nurse aide training program and achievement of CNA certification
- Stipend Payment Three: upon completing three months of tenure in a Georgia long-term care facility

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

- Receive Stipend Payments One and Two
- Complete three months of employment in a long-term care facility within the State of Georgia\*
- Submit this application on or after the date they complete their third month of employment at a Georgia long-term care facility

\*To be approved, an individual must be able to certify that they have worked **500 hours** within a long-term care facility (3 months of employment at full-time).

To be eligible for Stipend Payment Three, each individual must complete all stipend eligibility milestones in sequence and complete their third month of employment before March 31, 2024. The three months of employment must occur uninterrupted at a single long-term care facility in Georgia.

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**.

CNA First Name: \_\_\_\_\_ CNA Last Name: \_\_\_\_\_

Long-Term Care Facility: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

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

I \_\_\_\_\_ certify that I meet the eligibility requirements to receive  
Print First and Last Name  
Stipend Payment Three 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.

\_\_\_\_\_  
CNA Signature

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

Long-Term Care Facility Supervisor

This section of the certification must be completed by one of the supervisors (e.g., Administrator, DON, ADON) at the long-term care facility listed above:

Supervisor First Name: \_\_\_\_\_ Supervisor Last Name: \_\_\_\_\_

Long-Term Care Facility: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

I \_\_\_\_\_ certify that \_\_\_\_\_ meets the  
Supervisor First and Last Name CNA First and Last Name  
eligibility requirements to receive Stipend Payment Three 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.

\_\_\_\_\_  
Supervisor 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.*