



Secretary of State

Professional Licensing Boards Division
Georgia Board of Nursing Home Administrators
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440

DECORATIVE WALL CERTIFICATE ORDER FORM

INSTRUCTIONS

- **Do not** submit this form until **after** you are in receipt of your license
- Type or print clearly
- Enclose \$50 fee (non-refundable) – check or money order made payable to the Georgia Board of Nursing Home Administrators
- Submit form to the address above

NAME: _____

LICENSE NUMBER: _____

MAILING ADDRESS: _____
(Street Address)

City State Zip

Daytime telephone number: _____

E-mail address: _____

PLEASE ALLOW 6-8 WEEKS FOR PROCESSING

FOR BOARD USE ONLY

FEE AMOUNT: _____	DATE ORDERED: _____
RECEIPT #: _____	DATE RETURNED: _____
DATE DEP.: _____	DATE MAILED: _____