

INSTRUCTION / INFORMATION SHEET

MEDICATION AIDE

Before completing the application package, please read the following.

The following materials are required to make application for a Medication Aide license in Illinois:

1. You must hold current certification as an Illinois certified nursing assistant (CNA). The Department will verify your certification with the Illinois Department of Public Health.
2. Proof of completion of 2,000 hours of practice as a certified nursing assistant within 3 years prior to application for licensure. (VE-Form)
3. Proof of completion of a medication aide education program, and current employment by a qualified facility. (TN-MA Form) List of approved facilities is available at www.idfpr.com.
4. Proof of successful completion of the Medication Aide Certification Examination (MACE). Contact Pearson Vue at www.pearsonvue.com to register for the examination.
5. Proof of current Certification to perform cardiopulmonary resuscitation (CPR) by the American Heart Association or American Red Cross. Submit copy of current CPR card.
6. Verification of fingerprint processing from the Illinois State Police, or its designated agent. See attached "**Important Notice –Criminal Background Check Requirement**" for more information concerning this requirement.
7. Proof of graduation from high school or a general education development program (GED). Proof must be made in the form of a diploma, certificate, transcript, or statement on school letter head (copies are acceptable).
8. Application for Medication Aide Licensure and CCA form.
9. The required fee. Fees are non-refundable. Make check payable to the Department of Financial and Professional Regulation.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

| | |
|--|------------------------------|
| <h2 style="margin: 0;">APPLICATION FOR MEDICATION AIDE LICENSURE</h2> | <p>FOR OFFICIAL USE ONLY</p> |
| <p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 85/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p> | |

- A. Type or print legibly with black ink only.
- B. The fee is \$50 - Make check payable to the Department of Financial and Professional Regulation. **THIS FEE IS NOT REFUNDABLE!**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

Forward application, supporting documentation and fee payment to:

**Illinois Department of Financial
and Professional Regulation**
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

If assistance is needed, direct your request to the following telephone number: **1-800-560-6420**

PART I: Application Category Information

| | | | |
|--|----------------------------------|---|-----------------------|
| 1. PROFESSION NAME Medication Aide | 2. PROFESSION CODE 276 | 3. LICENSURE METHOD Acceptance of Examination | 4. FEE \$50 |
|--|----------------------------------|---|-----------------------|

PART II: Applicant Identifying Information

| | | |
|--|--|--|
| 1. NAME LAST FIRST MIDDLE | 2. TITLE (e.g., Ph.D, RN) N/A | 3. UNITED STATES SOCIAL SECURITY NO. _____ - ____ - _____ |
| 4. PERMANENT MAILING ADDRESS CITY STATE/COUNTRY | | ZIP CODE COUNTRY _____ + _____ |
| 5. MAIDEN, GIVEN, OR OTHER USED NAME(S) | 6. PLACE OF BIRTH (CITY, STATE/COUNTRY) | 7. DATE OF BIRTH ____/____/____ Month Day Year |
| 8. <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| 9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work (____) _____ - _____ Home (____) _____ - _____ (Area Code) (Area Code) | | |
| 10. PREFERRED e-MAIL ADDRESS(ES) - REQUIRED TO RECEIVE ELECTRONIC NOTIFICATIONS | | |

PART III: Education Information/Work History Information

| | | |
|---|--|---|
| 1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed) 1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? <input type="checkbox"/> Yes <input type="checkbox"/> No OR Received G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2. NAME OF LAST HIGH SCHOOL ATTENDED | 3. LAST HIGH SCHOOL LOCATION (City and State) | 4. DATE OF GRADUATION ____/____/____ Month Year |

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

NAME (Last, First, MI):

SS#:

Profession:

MEDICATION AIDE

PART IV: Record of Licensure Information

If you have been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. You must also list all other licenses held in Illinois; however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

| STATE | PROFESSION NAME | LICENSE NUMBER | DATE OF ISSUANCE | LICENSE STATUS (Active, Lapsed, etc.) |
|---|-----------------|----------------|------------------|---------------------------------------|
| State of Original Licensure | | | | |
| Other States of Licensure including state where you most recently have been practicing. | | | | |

PART V: Personal History Information (This part must be completed by all applicants)

YES NO

- | | | |
|--|--|--|
| 1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving Under the Influence (DUI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i> | | |
| 2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i> | | |
| 3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i> | | |
| 4. Do you have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> | | |
| 5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i> | | |
| 6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i> | | |

PART VI: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")

Yes No

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

Yes No

PART VII: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS

SUPPORTING DOCUMENT

CCA

1. NAME LAST FIRST MIDDLE

3. PROFESSIONAL LICENSE NUMBER (if any)
_____ - _____

2. ADDRESS STREET, CITY, STATE, ZIP CODE

4. SOCIAL SECURITY NUMBER
_____ - _____ - _____

Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. **Please check applicable profession.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Acupuncturists | <input type="checkbox"/> Naprapaths | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Advanced Practice Registered Nurses | <input type="checkbox"/> Nursing Home Administrators | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Advanced Practice Registered Nurse - Full Practice Authority | <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Professional Counselors |
| <input type="checkbox"/> Athletic Trainers | <input type="checkbox"/> Occupational Therapy Assistants | <input type="checkbox"/> Prosthetists |
| <input type="checkbox"/> Audiologists | <input type="checkbox"/> Optometrists | <input type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Clinical Psychologists | <input type="checkbox"/> Orthotists | <input type="checkbox"/> Registered Surgical Assistants |
| <input type="checkbox"/> Clinical Social Workers | <input type="checkbox"/> Pedorthists | <input type="checkbox"/> Registered Surgical Technologists |
| <input type="checkbox"/> Dental Hygienists | <input type="checkbox"/> Perfusionists | <input type="checkbox"/> Respiratory Care Practitioners |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Speech Pathologists |
| <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Physical Therapists | |
| <input type="checkbox"/> Licensed Clinical Professional Counselors | <input type="checkbox"/> Physical Therapy Assistants | |
| <input type="checkbox"/> Licensed Practical Nurses | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.) | |
| <input type="checkbox"/> Licensed Social Workers | | |
| <input type="checkbox"/> Marriage and Family Therapists | | |
| <input type="checkbox"/> Medication Aide | | |

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

In order for your application to be evaluated, you must respond to each of the following questions:

| | Yes | No |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant _____ Email _____ Date _____

* DEFINITIONS

730 ILCS 150 et. seq.—Acts that require Sex Offender Registration:

(B) As used in this Article, "sex offense" means:

(1) A violation of any of the following Sections of the Criminal Code of 1961:

- 11-20.1 (child pornography),
- 11-20.3 (aggravated child pornography),
- 11-6 (indecent solicitation of a child),
- 11-9.1 (sexual exploitation of a child),
- 11-9.2 (custodial sexual misconduct),
- 11-9.5 (sexual misconduct with a person with a disability),
- 11-15.1 (soliciting for a juvenile prostitute),
- 11-18.1 (patronizing a juvenile prostitute),
- 11-17.1 (keeping a place of juvenile prostitution),
- 11-19.1 (juvenile pimping),
- 11-19.2 (exploitation of a child),
- 11-25 (grooming),
- 11-26 (traveling to meet a minor),
- 12-13 (criminal sexual assault),
- 12-14 (aggravated criminal sexual assault),
- 12-14.1 (predatory criminal sexual assault of a child),
- 12-15 (criminal sexual abuse),
- 12-16 (aggravated criminal sexual abuse),
- 12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

- 10-1 (kidnapping),
- 10-2 (aggravated kidnapping),
- 10-3 (unlawful restraint),
- 10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

- 10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
- 11-6.5 (indecent solicitation of an adult),
- 11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
- 11-16 (pandering, if the victim is under 18 years of age),
- 11-18 (patronizing a prostitute, if the victim is under 18 years of age),
- 11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

- 11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.

* DEFINITIONS

A “**forcible felony**”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

- a) First Degree Murder (Section 9-1);
- b) Intentional Homicide of an Unborn Child (Section 9-1.2);
- c) Second Degree Murder (Section 9-2);
- d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
- e) Drug-induced Homicide (Section 9-3.3);
- f) Kidnapping (Section 10-1);
- g) Aggravated Kidnapping (Section 10-2);
- h) Unlawful Restraint (Section 10-3);
- i) Aggravated Unlawful Restraint (Section 10-3.1);
- j) Forcible Detention (Section 10-4);
- k) Involuntary Servitude (Section 10-9(b));
- l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
- m) Trafficking in Persons (Section 10-9(d));
- n) Criminal Sexual Assault (Section 11-1.20);
- o) Aggravated Criminal Sexual Assault (Section 11-1.30);
- p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
- q) Criminal Sexual Abuse (Section 11-1.50);
- r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
- s) Aggravated Battery (Section 12-3.05);
- t) Compelling Organization Membership of Persons (Section 12-6.5);
- u) Compelling Confession or Information by Force or Threat (Section 12-7);
- v) Home Invasion (Section 12-11);
- w) Robbery (Section 18-1);
- x) Armed Robbery (Section 18-2);
- y) Vehicular Hijacking (Section 18-3);
- z) Aggravated Vehicular Hijacking (Section 18-4);
- aa) Aggravated Robbery (Section 18-5);
- bb) Terrorism (Section 29D-14.9);
- cc) Causing a Catastrophe (Section 29D-15.1);
- dd) Possession of a Deadly Substance (Section 29D-15.2);
- ee) Making a Terrorist Threat (Section 29D-20);
- ff) Falsely Making a Terrorist Threat (Section 29D-25);
- gg) Material Support for Terrorism (Section 29D-29.9);
- hh) Hindering Prosecution of Terrorism (Section 29D-35);
- ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
- jj) Armed Violence (Section 33A-2); and
- kk) Attempt (Section 8-4) of any of the above specified offenses.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Medication Aide

Before you mail your application, check the following items to make sure your application is complete!

| TWO-PAGE APPLICATION REVIEW | COMPLETED |
|--|------------------|
| Part I. Application Category Information | |
| Part II. Applicant Identifying Information – Current email address included | |
| Part III. Education Information | |
| Part IV. Record of Licensure Information | |
| Part V. Personal History Information – Any questions answered ‘yes’ must be accompanied by personal statement and certified copies of court records. | |
| Part VI. Child Support and/or Student Loan Information | |
| Part VII. Certifying Statement--Signed and Dated | |
| SUPPORTING DOCUMENTS | SUBMITTED |
| Application Fee - \$50 Fees are non-refundable. | |
| Supporting Document CCA must be completed and submitted with your application. | |
| Proof of high school graduation or its equivalent | |
| Proof of current CPR Certification | |
| Proof of completion of 2000 hours of practice within the last 3 years (VE Form) | |
| Proof of completion of a Medication Aide Education Program and current employment (TN-MA Form) | |
| Proof of successful completion of Medication Aide Certification Examination (MACE) | |
| Criminal Background Check | |
| Proof of Legal Name Change (if applicable) | |
| | |

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE

APPLICANT: *Complete the application section of this form, then forward it to your employer. Upon receipt of the completed form from the employer, include it with your Application for Licensure/Examination. You are authorized to photocopy this form as necessary.*

| | | |
|--|---|---|
| 1. NAME LAST FIRST MIDDLE | 2. DATE OF BIRTH ____ / ____ / ____ Month Day Year | 3. SOCIAL SECURITY NUMBER ____ - ____ - ____ |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE | 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="text-align: center;"> _____ _____ </div> <div style="text-align: center;"> Profession Name Profession Code </div> | |
| 6. MAIDEN OR GIVEN SURNAME | 7. JOB TITLE OR POSITION APPLICANT HELD | |
| 8. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year | 9. SUPERVISOR NAME | |

EMPLOYER: *Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.*

PART I - EMPLOYMENT INFORMATION

| | | | |
|--|---|--|--|
| A. EMPLOYER NAME | | B. BUSINESS / INSTITUTION NAME | |
| C. EMPLOYER REGISTRATION/LI-CENSE NUMBER | D. STATE OF EMPLOYER REGISTRATION/LICENSE | E. BUSINESS ADDRESS STREET CITY STATE ZIP CODE | |
| F. BUSINESS REGISTRATION/LI-CENSE NUMBER (If Applicable) | G. STATE OF BUSINESS REGISTRATION/LICENSE | H. BUSINESS TELEPHONE NUMBER Area Code (____) _____ - _____ | |

PART II - APPLICANT EMPLOYMENT INFORMATION

| | | |
|---|---|--|
| A. NUMBER OF HOURS WORKED PER WEEK | B. TYPE OF EMPLOYMENT [] Full-time [] Part-time | C. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year |
| D. RECORD APPLICANT'S POSITION TITLE(S) | | |
| E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT. | | |

I do hereby declare that this information is true and correct.

| | |
|-------|-----------|
| _____ | _____ |
| Date | Signature |
| _____ | _____ |
| Date | Title |

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 25/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

MEDICATION AIDE CERTIFICATION OF TRAINING

SUPPORTING DOCUMENT

TN-MA

APPLICANT: Complete the applicant section of this form. Forward the form to the individual who will certify your training.

| | | |
|---|--|---|
| 1. NAME LAST FIRST MIDDLE | 2. DATE OF BIRTH ____ / ____ / ____ Month Day Year | 3. SOCIAL SECURITY NUMBER ____ - ____ - ____ |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE | 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. Medication Aide 2 7 5 _____ Profession Name Profession Code | |
| 6. MAIDEN OR GIVEN SURNAME | | |
| 7. DATES OF TRAINING From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year | 8. SPECIFIC NAME OF TRAINING RECEIVED | |
| 9. SUPERVISOR/INSTRUCTOR NAME | | |

SUPERVISOR/ADMINISTRATOR: Complete the remainder of this form. Return the completed form to the applicant.

| | |
|---|--|
| A. SUPERVISOR/ADMINISTRATOR NAME | B. APPROVED FACILITY |
| C. SUPERVISOR/ADMINISTRATOR JOB TITLE/PROFESSION NAME | D. APPROVED FACILITY STREET ADDRESS |
| E. SUPERVISOR/ADMINISTRATOR LICENSE OR CERTIFICATE NO. | F. APPROVED FACILITY CITY, STATE, ZIP CODE |
| G. APPROVED FACILITY TELEPHONE NUMBER Area Code (____) _____ - _____ | H. APPROVED FACILITY LICENSE NUMBER |

I. RECORD ANY ADDITIONAL COMMENTS YOU WISH TO MAKE REGARDING THE APPLICANT'S TRAINING.

This individual has successfully completed the Medication Aide training and is currently employed at this facility. I do hereby declare that this information is true and correct.

Signature

Date

Title