

# Missouri Assisted Living Association (MALA)

2407 B Hyde Park Road, Jefferson City, MO 65109

Telephone: 573-635-8750 / Fax: 573-634-7344

www.malarcf.org

## LEVEL 1 MEDICATION AIDE FINAL CLASS ROSTER

This form MUST be completed by the instructor

MUST BE PRINTED LEGIBLY

LEGAL NAME: First and Last <small>Please ✓ if the exam was challenged</small>	Social Security Number	DOB	Attendance Dates			Final Exam Date	Total Hours	Office Use Only
1. <input type="checkbox"/>								
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15. <input type="checkbox"/>								

We, the undersigned, hereby verify that the following student(s) have successfully completed the Level 1 Medication course of instruction and have satisfactorily passed the examination to qualify for certification meeting all requirements of Missouri 19 CSR 30-84.030

Training Agency

Address

City

State

Zip

Instructor's Signature

Instructor's Name Printed

Signature of Adm./Director of Training Agency/Owner/Operator

RN/LPN License Number

Date

Enclose payment as follows:  
MALA member facilities: \$20/student  
Non member facilities: \$30/student