

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 PRE-CLASS ROSTER

This form MUST be completed ***by the instructor***

REQUIRED Prior to instruction:

- ✓ Call DHSS to verify that no previous certifications exist for each student 573-526-5686 **this cannot be verified online at this time.**
- ✓ **ONLY** DHSS approved instructor & student manuals can be used for training. Visit www.health.mo.gov/safety/cnaregistry/approvedmanuals.php for a listing of approved manuals.

MUST BE PRINTED LEGIBLY

1	LEGAL NAME: First	Last	Exam Challenge: <input type="checkbox"/>	Social Security Number		Date of Birth (MM/DD/YEAR)
	Address		City	State	Zip	Phone ()
2	LEGAL NAME: First	Last	Exam Challenge: <input type="checkbox"/>	Social Security Number		Date of Birth (MM/DD/YEAR)
	Address		City	State	Zip	Phone ()
3	LEGAL NAME: First	Last	Exam Challenge: <input type="checkbox"/>	Social Security Number		Date of Birth (MM/DD/YEAR)
	Address		City	State	Zip	Phone ()
4	LEGAL NAME: First	Last	Exam Challenge: <input type="checkbox"/>	Social Security Number		Date of Birth (MM/DD/YEAR)
	Address		City	State	Zip	Phone ()

PRINT LEGIBLY:

Instructor: _____ Phone: _____

Training Agency Address: _____
