

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 - REQUEST FOR EXAMINATION

All information must be TYPED or PRINTED LEGIBLY			
Instructor Legal Name	Telephone		
Instructor SSN	E-mail Address		
Instructor Address	City	State	Zip
Training Agency Name	Telephone		
Training Agency Address	City	State	Zip
Training Site (if different)	Telephone		
Projected Class Dates:		Total Hours:	
_____ , 20____	_____	_____	to _____
_____ , 20____	_____	_____	to _____
_____ , 20____	_____	_____	to _____
_____ , 20____	_____	_____	to _____
Final Exam Date _____ , 20____	Total Hours _____		
(Minimum of 16 hours)			
Retest Date (if applicable) _____ , 20____			
Total Tests Needed _____			
*Manual Name (that will be used for training/examination) _____			
<u>*IMPORTANT - ONLY</u> DHSS approved instructor & student manuals can be used for training. Go to www.health.mo.gov/safety/cnaregistry/approvedmanuals.php for a listing of approved manuals.			
<i>*By signing this form, instructor confirms that course content and classroom space meets all requirements of Missouri 19 CSR 30-84.030</i>			

REQUIRED Prior to Instruction:

CALL DHSS/HEALTH EDUCATION UNIT at 573-526-5686 to verify that no previous certifications exist for each student. **This cannot be verified online at this time.**

ONLY DHSS approved instructor & student manuals can be used for training. Call 573-526-5686 or go to: www.health.mo.gov/safety/cnaregistry/approvedmanuals.php for a listing of approved manuals.

Instructor Signature*

Instructor RN/LPN (circle one) License Number*

Testing material will be mailed to the training agency to the attention of the instructor unless otherwise noted.

Attach Pre-Class Roster and return to:
Missouri Assisted Living Association
2407 B Hyde Park Rd.
Jefferson City, MO 65109
Fax - 573-634-7344

OFFICE USE ONLY		
Approved Instructor:		
Y	N	
Approved Training Agency:		
Y	N	
Date Test(s) Mailed:		

Test Mailed:		
1	2	3
Date Returned:		

Request for Retesting:		
Y	N	
Previous Test Form		
1	2	3
Previous Exam Date		
