

Missouri Assisted Living Association
Request for a Department of Health and Senior Services (DHSS)
Level One Medication Aide Certification Request Form

If you are Level One Medication Aide certified through the Department of Mental Health (DMH) and in good standing, you are eligible to receive a Level One Medication Aide (L1MA) through the Department of Health and Senior Services (DHSS). Complete this form, submit this form via mail, email or fax to: **MALA, 2407 B Hyde Park Rd, Jefferson City, MO 65109**
Phone: 573-635-8750 Fax: 573-634-7344
info@malarcf.org

Prior to submitting this form: Verify that this person is not already certified by calling the DHSS/Health Education Unit at 573-526-5686.

PRINT LEGIBLY – All information below is REQUIRED

Legal Name: First and Last			
Mailing Address		City	State Zip
Phone Number		Social Security Number	Date of Birth
DMH L1MA Certificate Number	Date Issued	MALA Office Use Only: DHSS Cert#	

The certificate will be mailed to the address provided above. If this should be mailed to a different address, please provide that information below:

Facility Name		Attention	
Address		City	State Zip

ENCLOSE THE FOLLOWING – REQUIRED

- Photocopy of your driver's license
- Photocopy of your Social Security card
- Photocopy of your original DMH Level One Medication Aide Certificate **and/or**
- If the DMH certification date is more than two years old** you must include a verification letter *from the Department of Mental Health* that indicates the original certification date and date of the two-year refresher update. Contact Shirley 573-751-8237 or Sue 573-441-6260 for this letter. **Copies of the two-year update training form will NOT be accepted as proof of the refresher/update.**
- Copy of legal documentation indicating the name change; if different from the DMH certification.

PAYMENT *This is a non-refundable fee.* Money orders made **payable to MALA.** No personal checks are accepted.

- \$20** – Level One Medication Aide certificate and laminated wallet card

Credit/Debit Cards are also accepted. **You will be charged an additional \$5 convenience fee. This includes credit/debit card processing AND a copy faxed or emailed as specified below.**

- \$25** – Level One Medication Aide certificate and laminated wallet card

Do you want a copy emailed or faxed after this is processed?	Email Address	Fax Number
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fax or <input type="checkbox"/> Email		

If paying by debit/credit card; complete the information below.

<input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Credit/Debit Number: _____
Exp Date: _____ 3 Digit Security Code (on back of card): _____
Signature (Required) _____