

Missouri Assisted Living Association (MALA) Duplicate Certification Request Form

To obtain a duplicate copy of your certification(s) issued by MALA, submit this completed form with the required documents. Please allow 5-7 days for processing the duplicate certificate.

PRINT LEGIBLY – All information below is REQUIRED

Legal Name First and Last (at the time of certification)			
Mailing Address	City	State	Zip
Phone Number	E-mail address (optional)		
Social Security Number	Date of Birth		

DUPLICATE CERTIFICATION REQUESTED

- Level 1 Medication Aide (LIMA) Certification** **\$10.00**
(Includes a certificate & laminated wallet card)

Certification Number (if known): _____

- Insulin Certification** **\$10.00**

Certification Number (if known): _____

- Level 1 Medication Aide/Insulin Instructor Certification** **\$10.00**

- ALF Resident Assessment Certification** **\$10.00**

Dates of Training (if known): _____

ENCLOSE THE FOLLOWING – REQUIRED

- Photocopy of your driver's license
- Photocopy of your Social Security card

If there has been name change, the following information must be submitted:

- Copy of legal documentation indicating the name change.

PAYMENT: Money orders made **payable to MALA**, or credit or debit cards are accepted.

PAYMENT BY CREDIT/DEBIT CARD

Fax to 573-634-7344

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