



Missouri Assisted Living Association

2407 B Hyde Park Road
Jefferson City, MO
65109
Phone: 573-635-8750
Fax: 573-6347344
www.malarcf.org

Request for a Department of Health and Senior Services (DHSS) Level One Medication Aide Certification

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 and mail or fax to the address or number above.

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

Form with fields: Legal Name: First and Last, Mailing Address, City, State, Zip, Phone Number, Social Security Number, Date of Birth, DMH L1MA Certificate Number, Original Issue Date, Date of most recent update\*, 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:

Form with fields: 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 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 your local DMH office for this letter. Copies of the two-year update training form will NOT be accepted as proof of the update.
Copy of legal documentation indicating the name change; if different from the DMH certification.

PAYMENT This is a non-refundable fee. Money orders or company checks made payable to MALA.

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

Form with fields: Do you want a copy emailed or faxed after this is processed? (Yes, No, Fax, Email), Email Address, Fax Number

Credit/Debit Cards are also accepted. If paying by credit/debit card; complete the information below.

Form with fields: Discover, Visa, MasterCard, American Express, Credit/Debit Card Number, Expiration Date, Security Code (on back of card), Signature (Required)