

CHECKLIST FOR NEW NURSE ASSISTANT CERTIFICATIONS

ENCLOSE:

- * Completed Certification Form with required legal signatures, date of birth and Social Security number.*
- * Completed Original student Competency Sheet, front and back, including the total OJT and classroom hours.*
- * Completed student Score Sheet with required signatures, including students initials.*
- * Student's picture. Please do not cut the picture prior to submitting. Face must be no larger than 1"X1".*
- * A copy of the instructor's and examiner's DESE Teaching Certificate or approval letter from the Missouri Division of Health & Senior Services.*
- * \$18.00 per certification. Checks will be accepted from schools and nursing facilities only. Students paying individually must send money orders or cash.*

The certification package includes a numerically-issued certificate, a laminated ID card and a recognition pin. Student's names are placed on a permanent register maintained by MANHA and forwarded to the Missouri Division of Health & Senior Services for placement on a federally-mandated register.

Certifications from vocational schools and junior colleges should indicate whether packets are to be sent to the school or nursing facility.

All records and forms should be copied and retained by the submitting parties. Students are entitled to copies of their individual records.

**Mail all information to:
Missouri Association of Nursing Home Administrators, Inc.
4100 Country Club Drive
Jefferson City, MO 65109**

Missouri Association of Nursing Home Administrators
 4100 Country Club Drive * Jefferson City, MO 64109 * 573/634-5345

NURSE ASSISTANT CERTIFICATION FORM

We, the undersigned, hereby certify that the students whose names are listed below have completed the course of instruction and have satisfactorily passed the examination to qualify for certification as a Nurse Assistant.

NAME Last, first, Middle (Maiden)	Office Use Only	Social Security Number	Date of Birth	Type of Exam Challenge or Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
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				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular
				<input type="checkbox"/> Challenge <input type="checkbox"/> Regular

Submitted to the Missouri Association of Nursing Home Administrators' office this _____ day of _____ 2 _____
 Name of Facility _____ Contact Person _____ Phone Number _____
 Street, City, State, Zip _____