Checklist to Transfer Level 1 Medication Aide from DMH to DHSS

- ☐ Completed Level 1 Medication Aide Final Class Roster
- ☐ $20 payment for certificate, ID card, and listing on Missouri State Registry. *Cash or money orders only* (*there is only one flat fee now)*

- ☐ Letter from DMH verifying 2-year update and that it is in good standing (we will no longer accept D.M.H certification)

You may reach us via phone or email with any questions:

Phone: (573)634-5345
Email: crcmanha@mlnha.org

Please send all items to:

MANHA

4100 Country Club Drive

Jefferson City, MO 65109

Missouri Association of Nursing Home Administrators
4100 Country Club Drive * Jefferson City, MO 65109 * 573/634-5345 * Fax:573-634-8590

LEVEL I MEDICATION AIDE - FINAL CLASS ROSTER

, 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 Level I Medication Aide.

ME first, Middle (Maiden)	Office Use Only	Social Security Number	Date of Birth	Student Address	Manual Used	Mental Health Certification
						☐ Y ☐ N
			★ Please include	★		☐ Y ☐ N
			★ Your Phone #			☐ Y ☐ N
						☐ Y ☐ N
						☐ Y ☐ N
						☐ Y ☐ N
						☐ Y ☐ N
						☐ Y ☐ N

~~INSTRUCTOR~~ Write your Return address

ADMIN/DIR OF SPONSORING AGENCY

DATE

SPONSORING AGENCY/TRAINING SITE N/A

ADDRESS

CITY STATE ZIP

DIVISION OF
DEVELOPMENTAL
DISABILITIES

Quality Enhancement RN Roster 10-2012

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