



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

75-Hour Medication Aide Application Form

Each candidate must complete the following form and return it to the instructor. All information must be completed and printed neatly. Incorrect or illegible information will result in this form being rejected.

If the Kansas Department of Health and Environment cannot (1) find evidence of your nurse aide certificate; (2) verify your social security number; or (3) verify a name change, your application will be rejected until a copy of the required information is received.

IMPORTANT: The seventy-five hour medication aide certificate you receive from the State will be your OFFICIAL certificate. A \$20.00 non-refundable fee is required. Your medication aide certificate MUST be renewed by the expiration of your original certificate in order for you to continue functioning as a medication aide.

TO BE ELIGIBLE TO BECOME A CERTIFIED MEDICATION AIDE, YOU MUST FIRST BE A CERTIFIED NURSE AIDE OR QMRP. If Nurse Aide (CNA): ID# _____ Certificate Issued: ____/____/____

If QMRP: You MUST attach a letter of employment verification. NOTE: You are allowed to pass medications ONLY in an ICF-MR.

Course Information (The candidate must complete this part with instructions by the instructor.)

Instructor ID # _____ Course # _____ - _____ # of Course Hours

Candidate Information (This part must be completed by applicant.)

If name change, submit name change documentation (such as a copy of marriage license or divorce decree).

Name _____ (Last) (First) (MI)

Other Names Used

Social Security Number _____ - _____ - _____ Please attach a copy of your social security card

Birthdate ____/____/____ Sex: ____ Male ____ Female

Home Address _____ Street City State Zip

Phone Number: Home () _____ Work () _____

Please mark the highest level of education received:

- ___ No High School diploma ___ Diploma Nurse ___ Master's Degree
___ High School Diploma or GED ___ Associate Degree ___ Education Specialist
___ LPN Nurse ___ Bachelor's Degree ___ PhD

Candidate's Signature

I do hereby attest that the information supplied in this application is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments.

Candidate's Signature _____

Date ____/____/____

This is your entrance slip for the Kansas State Medication Aide Exam. Both sides must be completed before you come to the exam site. Do not sign the second signature line until told to do so at the exam site.

You will not be admitted to the exam without this.

_____ has successfully completed
(Student name)
the medication aide course and is eligible to take the state certification exam.

(Instructor's signature)

(Student's signature)

To be signed in the
presence of the instructor

(Student' signature)

To be signed at the exam in
the presence of the proctor

EXAM DATE: _____

EXAM TIME: _____

EXAM LOCATION: _____