



Medication Aide Continuing Education
Renewal Application Form

Each applicant must complete this form and return to the instructor with a \$20.00 non-refundable fee. Incorrect or illegible information will result in this form being rejected and you will not receive continuing education credit towards a renewed certificate.

If the Kansas Department of Health and Environment cannot (1) find evidence of your nurse aide certificate, (2) find evidence of your 75-hour medication aide certificate, or (3) verify your social security number, your name will be rejected until copies of your nurse aide certificate, 75-hour medication aide certificate, or social security identification is received. To receive a new certificate you must submit a \$20.00 non-refundable fee with this application. Please do not send cash. The Department of Health and Environment will issue a new certificate one week before the expiration date to the address on this application.

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

Instructor ID # \_\_\_\_\_ Course # \_\_\_\_\_ / \_\_\_\_\_ # of Course Hours

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

ID#/Registration:

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

Name \_\_\_\_\_
Last First MI Other Names Used

Social Security Number \_\_\_\_\_ 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

Applicant'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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_