



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:

<input type="checkbox"/> No High School diploma	<input type="checkbox"/> Diploma Nurse	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Education Specialist
<input type="checkbox"/> LPN Nurse	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> 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