

# Missouri Assisted Living Association

2407 B Hyde Park Rd. ~ Jefferson City, MO 65109

Telephone: 573/635-8750 ~ Fax: 573/634-7344

## LEVEL 1 MEDICATION AIDE PRE-CLASS ROSTER

(This form MUST be completed by the instructor)

**REQUIRED:** Call DHSS to verify that no previous certifications exist for each student – 573/526-3871.

**NAME: First, Middle, Last (MUST BE PRINTED LEGIBLY)**

**Social Security Number**

**Date of Birth**

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

**PRINT LEGIBLY:**

**Instructor:** \_\_\_\_\_

**Training Site:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**To obtain student manuals call:**

**The University of Missouri  
Instructional Material Laboratory  
8 London Hall  
Columbia, MO 65221  
Toll Free: 1-800-669-2465**