

Missouri Assisted Living Association  
 428 E. Capitol, Ste. 206  
 Jefferson City, MO 65101  
 Phone: 573/635-8750 Fax: 573/634-7344  
 info@malarcrf.org

## LEVEL 1 MEDICATION AIDE REQUEST FOR EXAMINATION

| <u>All information must be TYPED or PRINTED LEGIBLY</u>  |  |
|--|--|
| Instructor Name _____  | Telephone _____  |
| Instructor Address _____   | City _____ State _____ Zip Code _____  |
| Sponsoring Agency _____  | Telephone _____  |
| Sponsoring Agency Address _____  | City _____ State _____ Zip Code _____  |
| Training Site (if different) _____   | Telephone _____  |
| Projected Class Dates:<br>_____, 20____ to _____<br>_____, 20____ to _____<br>_____, 20____ to _____<br>_____, 20____ to _____ | Hours:<br>_____ to _____<br>_____ to _____<br>_____ to _____<br>_____ to _____ |
| Final Exam Date _____, 20____  | Total Hours _____<br>(Minimum of 16 hours)                                     |
| Retest Date (if applicable) _____, 20____  |  |
| Total Tests Needed _____   |  |
| Course content and classroom space must meet all requirements of Missouri 19 CSR 30-84.030                                     |  |

| OFFICE USE ONLY   |
|---|
| Instructor Approved:<br><div style="text-align: center;">Y                      N</div>   |
| Site Approved:<br><div style="text-align: center;">Y                      N</div>         |
| Date Test(s) Mailed:<br>_____   |
| Test Mailed:<br><div style="text-align: center;">A            B            C</div>        |
| Date Returned:<br>_____   |
| Request for Retesting:<br><div style="text-align: center;">Y                      N</div> |
| Previous Test Form<br><div style="text-align: center;">A            B            C</div>  |
| Previous Exam Date<br>_____   |

\_\_\_\_\_  
 Instructor Signature

\_\_\_\_\_  
 Instructor Nursing License Number

\_\_\_\_\_  
 E-Mail Address

**Before requesting exams please call  
 DHSS at 573/526-3871 to check on  
 previous certifications.**

Attach Pre-Class Roster and Return to:

Missouri Assisted Living Assoc.  
 428 E. Capitol, Ste. 206  
 Jefferson City, MO 65101

Or Fax to 573/634-7344

\*Testing material will be mailed to the sponsoring agency to the attention of the instructor unless otherwise noted.