

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
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 for Aging and Disability Services 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. Please do not send cash. **The Kansas Department for Aging and Disability Services will post your new certification period on the Kansas Nurse Aide Registry (www.ksnurseaidregistry.org) one week before the expiration date .**

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:

- | | | |
|---|--|---|
| <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 |

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