DOCUMENTATION of TRAINING for
CERTIFIED MEDICATION AIDE RENEWAL

This form is to be used for medication aides who are nursing students and as part of their training have completed the topics listed below in the past 24 months. Please verify the individual has met the requirements, sign the attestation below and return this form along with the individual’s renewal application and the $20.00 non-refundable fee to Health Occupations Credentialing.

_______________________________ has successfully completed the topics below.
Student Name

Requirement/Required Topics:

Include ten hours of education on:
A. New classes of drugs and new drugs; and/or
B. New uses of drugs; and/or
C. New methods of administering drugs; and/or
D. Alternative treatments such as herbs, acupuncture, interaction with traditional drugs; and/or
E. Safety and administrative of drugs; and/or
F. Documentation

I hereby attest that the information supplied on this form is accurate and complete to the best of my knowledge. I hereby give permission to the department to verify any information provided on this form.

________________________________________________________________________
Nursing Department Coordinator Name (please print) Signature

________________________________________________________________________
Telephone Number E-mail Address

Name of School

Health Occupations Credentialing/KDADS
503 S Kansas Ave.
Topeka, KS 66603