KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFIED MEDICATION AIDE CONTINUING EDUCATION Instructor Roster

This information must be typed and completed by the instructor. Submit instructor roster, renewal application forms completed by each of the candidates, **\$20.00 non-refundable fee for each applicant**, and any attachments to the Kansas Department of Health and Environment after the candidates have successfully completed the course.

Instructor Name:			
Instructor Number:	Course Number:	Course Begins://	Ends://
Sponsoring School Name:			
Address:			
The students on this roste Education course in accord	er satisfactorily completed the s dance with KAR 28-39-169c.	pecified hours of the Kansas Certified M	edication Aide Continuin
		// Date	
Authorized Signature		Date	
INSTRUCTOR USE ONI NAME (Last, First, MI, O			KDADS USE ONLY

RETURN TO: HEALTH OCCUPATIONS CREDENTIALING 503 S Kansas Ave Topeka, KS 66603

Website: www.kdads.ks.gov/hoc