

**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