KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

75-Hour Certification Medication Aide Instructor Roster

Initial Roster Instructions:

Department of Health and Environm				s, and fees to the Kansas test.
Instructor Name:				
Sponsoring School Name:				
Mailing Address:				
Course number	Course Begins: /	/Ends:		
Indicate below only the candidate test. The initial certificate will be s				
Final Roster Instructions: The candidates on this roster satisfa 120.	ctorily completed the Kansas Ce	rtified Medication Aide	course and tes	t in accordance with KSA 6
INSTRUCTOR USE ONLY		Completed Course & Test	Challenge Test	KDADS USE ONLY Number Verified or Assigned

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

Web site: www.kdads.ks.gov/hoc