KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

75-Hour Certification Medication Aide
Instructor Roster

Initial Roster Instructions:
This information must be typed and completed by the instructor. Submit instructor roster, application forms, and fees to the Kansas Department of Health and Environment after the candidates have successfully completed the course and test.

Instructor Name: _____

Sponsoring School Name: _____

Mailing Address: _____

Course number _____ Course Begins: ____/____/____ Ends: ____/____/

Indicate below only the candidates who have successfully completed the 75- hour medication aide course and passed the state test. The initial certificate will be sent to each candidate. A $20.00 non-refundable fee is required for each candidate at this time.

Final Roster Instructions:
The candidates on this roster satisfactorily completed the Kansas Certified Medication Aide course and test in accordance with KSA 65-1, 120.

INSTRUCTOR USE ONLY	Completed Course & Test	Challenge Test	**KDHE USE ONLY** Number Verified or Assigned

_____ _____
Authorized Signature, Sponsoring School Date Tested

RETURN TO: HEALTH OCCUPATIONS CREDENTIALING
Curtis State Office Building
1000 SW JACKSON, Ste 200
TOPEKA KS 66612-1365

Web site: www.kdhks.gov/hoc