

**Instructions for filling out the Level I Medication Aide Biennial Training Form  
MO 580-2973 (12-10)**

**Please fill in all blanks on the form and print clearly.**

**Line 1:** Enter the Employee (the certified individual receiving training update) Name, Date of Birth, and Social Security Number.

**Line 2:** Enter the Employee Address, original certification date and certification number.

**Line 3:** Enter the Name of the Training Agency conducting the training (Training Agency, per regulation, can be - area vocational-technical schools, career centers, comprehensive high schools, community colleges, four year institutions of higher learning, Residential Care Facilities or Assisted Living Facilities licensed by the Department of Health and Senior Services (DHSS), Department of Mental Health facilities, or Long-term Care Associations.)

**Line 4:** Enter the Address of the Training Agency conducting the training.

**Line 5:** Enter the date of the training and amount of hours completed (extras blanks are for if more than one day is needed to complete the training).

**Line/Box 6:** Mark areas **A.-J.** verifying that those topics have been covered in the training update.

**Line 7:** This box is space for any notations the Training Agency or Training Instructor may want to notate.

**Line 8:** This space include Training Update information including that the training must consist of four (4) hours and must be completed by the anniversary date of the LIMAs initial certification, **however since it is a biennial update it is on the anniversary date 2 years from the initial certification.**

**Line 9:** This space includes the DHSS address and fax number that the form can be submitted to.

**Line 10:** This line includes the attestation clause for those signing Lines 11-13. Each individual attests that the regulatory requirements for the four (4) hour update have been performed.

**Line 11:** Include the signature and license number of the instructor conducting the training and the date.

**Line 12:** Include the signature of the employee receiving the training.

**Line 13:** Include the signature of the Administrator/Owner/Operator of the training agency.

Submit this form by mail to the Department of Health and Senior Services, Health Education Unit, PO Box 570, Jefferson City, Mo 65102 or fax the update form to 573-526-7656 or email it to [cnaregistry@health.mo.gov](mailto:cnaregistry@health.mo.gov).