

# Missouri Assisted Living Association (MALA)

2407 B Hyde Park Road, Jefferson City, MO 65109  
 Telephone: 573-635-8750 / Fax: 573-634-7344  
 www.malarcf.org

## LEVEL 1 MEDICATION AIDE - REQUEST FOR EXAMINATION

**All information must be TYPED or PRINTED LEGIBLY. Fields marked with an asterisk \* are required.**

|                              |       |                |      |
|------------------------------|-------|----------------|------|
| Instructor Legal Name*       |       | Telephone*     |      |
| Instructor SSN               |       | E-mail Address |      |
| Instructor Address           | City  | State          | Zip  |
| Training Agency Name*        |       | Telephone      |      |
| Training Agency Address*     | City* | State*         | Zip* |
| Training Site (if different) |       |                |      |

Projected Class Dates: \_\_\_\_\_, 20\_\_\_\_

Total Hours: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_

Final Exam Date \_\_\_\_\_, 20\_\_\_\_ Total Hours \_\_\_\_\_

Retest Date (if applicable) \_\_\_\_\_, 20\_\_\_\_ (Minimum of 16 hours)

DHSS approved manual to be used *Level I Medication Aide (50-6064-S) Student 1993 Edition*

\*By signing this form, instructor confirms that course content and classroom space meets all requirements of Missouri 19 CSR 30-84.030

**REQUIRED prior to instruction:**

**YOU MUST VERIFY THAT NO PREVIOUS L1MA CERTIFICATION HAS BEEN ISSUED FOR EACH PERSON TAKING THE COURSE. Check the online registry at the link below:**

<https://mo.tmutest.com>

Contact the MALA office if you need clarification of the status of the certification.

**The exam & final paperwork will be emailed to you.**

Provide a confidential e-mail address below.\*

\_\_\_\_\_

\_\_\_\_\_

Instructor Signature\*

\_\_\_\_\_

Instructor RN/LPN **or** License Number\*

(select the one being provided)

**Attach Pre-Class Roster & fax or email to MALA:**

**Fax: 573-634-7344**

**Email: info@malarcf.org**

|   |
|---|
| <b>OFFICE USE ONLY</b>                  |
| Date Exam & paperwork emailed:<br>_____ |
| Exam:                                   |
| 1            2            3             |
| <b>INSTRUCTOR: REQUEST FOR RE-TEST</b>  |
| Is this a Request for a Retest?:        |
| Y                                  N    |
| Previous Test Form                      |
| 1            2            3             |
| Previous Exam Date                      |
| _____                                   |