

# Missouri Assisted Living Association (MALA)

2407 B Hyde Park Road, Jefferson City, MO 65109

Telephone: 573-635-8750 / Fax: 573-634-7344 / Email: info@malarcf.org

[www.malarcf.org](http://www.malarcf.org)

## INSULIN ADMINISTRATION TRAINING COVER SHEET

(This form MUST be completed by the instructor)

**MUST BE PRINTED LEGIBLY. Fields marked with an asterisk \* are required.**

LEGAL NAME: First and Last*	Office Use Only	Social Security Number*	DOB*	Level I Med Aide or CMT Cert. Number* (Attach copy or verification)	Recommended by ADM / DON* (Name Required)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Include with payment, each student's original Appendix A, exam and a copy of their LIMA or CMT certificate OR a print out from the DHSS online registry:

<https://mo.tmutest.com>

Pay with credit card at [malarcf.org/pay-online](http://malarcf.org/pay-online) or enclose payment as follows: MALA member facilities: \$10/student Non-member facilities: \$20/student

*We charge a convenience fee on all credit card transactions. Pay online using our secure and easy form at [malarcf.org/pay-online](http://malarcf.org/pay-online).*

I, the undersigned, hereby verify that the following student(s) have successfully completed the Insulin Administration Training and meet all requirements of Missouri 19 CSR 30-84.040.

\_\_\_\_\_  
Training Site/Facility Name\*

\_\_\_\_\_  
Instructor's Signature\*

\_\_\_\_\_  
Address\*

\_\_\_\_\_  
Printed Instructor's Name\*

\_\_\_\_\_  
City\* State\* Zip\*

\_\_\_\_\_  
Contact Phone Number\* / Date\*

\_\_\_\_\_  
Email Address to send certificate(s)