## ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800 Little Rock, AR 72204 501.686.2700 501.686.2714 fax





# Arkansas Department of Health

Division of Healthcare Related **Boards & Commissions** 

### MEDICATION ASSISTANT TRAINING CERTIFICATE OF COMPLETION FORM

#### **GENERAL INFORMATION**

In accordance with the Arkansas State Board of Nursing Rules, verification of successful completion of the medication assistant-certified program, including date of completion, shall be received in the Board office directly from the institution which provided the program.

The online submission of an examination application requires the program director or chairman (authorized official) of the medication assistant-certified program to verify a student's qualifications and graduate status after they have completed the program.

#### **DIRECTIONS**

Name of Applicant

This form must be completed by the medication assistant-certified program director (authorized individual) after the applicant has completed the program. Check the box approve or deny based on applicant status. Please legibly print in blue or black ink, except where otherwise indicated. Submit this completed form to the Board at the address or fax number above.

Middle

	First	Middle	Maiden	Last
		ation submitted by the above- n	• •	• • • • • • • • • • • • • • • • • • • •
	Name of Medication Assistant-Certified Program			
	Address	City	State	Zip
	<ul> <li>I CERTIFY that this individual:</li> <li>is currently listed in good standing on the state's nurse aide registry.</li> <li>has maintained registration on the state's certified nurse aide registry continuously for a minimum of one year.</li> <li>has completed at least one (1) continuous year of full-time experience as a certified nurse aide in this state.</li> <li>is currently employed at a designated facility.</li> <li>has a high school diploma or the equivalent.</li> <li>has successfully completed a literacy and reading comprehension screening process approved by the Board.</li> <li>has successfully completed a medication assistant-certified training course approved by the Board; or</li> </ul>			
Signat	ure of MA-C Director (Authoriz	·	ей аррисант.	
Title _		Date		