IOWA·VALLEY
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IowaValley.com

Medication Aide, 4300003(2920)
Registration/Sponsor Form
Class Sept. 3-Oct. 31, 2019, final exam 11-19-19 at 10:00 AM

Please print
To be completed by student:

Name _____ Birth Date _____

Home address _____

City _____ State _____ Zip Code _____

Home Phone ( ) _____
Work Phone ( ) _____
Cell Phone ( ) _____
E-mail _____

What is the best way to contact you? _____

What is the best time to contact you? _____

"I have not been convicted in the past two years of a charge relating to excessive or improper use of alcohol or drugs. I am currently not abusing the use of alcohol or drugs."

Student Signature _____ Date _____

To be completed by employer/sponsoring organization:

Name of Employer _____

Address _____

City _____ State IA Zip Code _____

Phone ( ) _____

"I recommend _____ to participate in the Medication Aide Non-Parental Administration course, based on her/his attitude, interest, sense of responsibility and reliability. She/he is competent in acquiring resident/patient vital signs. She/he has been employed from (day, month, year) _____ to (day, month, year) _____ (minimum of six months in your long-term care facility or residential facility, and is on the Nurse Aide Registry maintained by the Iowa Department of Inspections and Appeals).

Over →

This facility is (check all that apply) a

___ Long Term Care, ___ Assisted Living
___ Residential Care ___ Intermediate Care
___ Intermediate Care for the Intellectually Disabled
___ Psychiatric Medical Institution for Children
___ Psychiatric Medical Institution

Administrator or Director of Nursing _____

Administrator or Director of Nursing Email _____

Administrator or Director of Nursing Phone _____

___ Bill to the above named facility ___ Student will pay

The employer will communicate with their employee about the medication aide class details (class meeting dates and times).

Please fax this information to Health Education Coordinator, IVCE at 641-752-1692 and call 641-752-4645 to confirm that this fax is received. Thank you.

6-19