



Medication Aide Registration Sponsor Form

To be completed by the student (please print):

Name _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Email _____

What is the best way to contact you? _____

What is the best time to contact you? _____

“By signing this form, I declare that 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 _____ Zip Code _____

Phone () _____

“By signing this form, 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. I declare that 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.” (continued on page 2)

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 the employee about the Medication Aide class details (class meeting dates and times).

Please fax this information to the Iowa Valley Continuing Education Health Education Coordinator at 641-752-1692 and call 641-752-4645 to confirm that this fax is received. Thank you.