



together for children <sup>TM</sup>

# Missouri Coalition of Children's Agencies

213 East Capitol Avenue, Suite 101 ♦ Jefferson City, Missouri 65101

1-800-942-0326 Phone

573-635-9848 Fax



## Medication Certification Instructor Registration

Name: \_\_\_\_\_

Agency/Organization Name: \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

(Print legibly)

Best phone number to contact instructor: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LPN     RN

Nurses' License Number #: \_\_\_\_\_

Licensed in State of: \_\_\_\_\_ Expiration date on card : \_\_\_\_\_

**\* Copy of current license must accompany application**

I understand that it is my ethical responsibility to administer the medication certification training and test with integrity. Following the MCCA Instructor Guidelines. I agree to provide a minimum of **8** hours training for students taking training and **3** hours for renewal training. I agree to accurately report the test results to the Missouri Coalition of Children's Agencies. I further understand that I will not circulate the exam to any other instructor or organization. **Failure to uphold the standards of the MCCA Board of Directors will result in instructor privileges being removed.**

**I will** follow the guidelines as outlined in the training manual and on our website <http://www.e-mcca.org>.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received at MCCA office \_\_\_\_\_