



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: _____

WORK Email Address: _____

(Print legibly)

REQUIRED

Does this registration as a nurse instructor replace another instructor & if so, who? _____

Best phone number to contact instructor: (____)____-_____

LPN RN

MO Nurses' License Number #: _____

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 the full training and **3** hours for renewal training. I agree to accurately report competencies. 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 on the website <http://www.e-mcca.org>.

Signature _____

Date _____