

# 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



together for children

## 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 and 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 Medication Certification Committee will result in instructor privileges being removed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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