

**Certification Process  
for  
Medication Technicians**

**Information needed for Certification:**

The sponsoring educational agency will be responsible for transmitting information to MHCA. **No Med Tech will be individually registered.**

1. Registration form with appropriate signatures (attached)
2. Copy of certificate issued from the sponsoring educational agency
3. Copy of Score Sheet for Medication Technician Examination (attached)
4. Copy of CNA certificate with a certification date of 6 months prior to entrance into the CMT Class
5. Picture (1" X 1")
6. If challenging – copy of the approval letter from the Department of Health & Senior Services

**Missouri Health Care Association Certification Program Includes:**

1. Certificate printed on safety paper clearly stating their completion of all requirements.
2. Laminated I.D. Card with picture
3. Name placed on MHCA permanent record.
4. Listing sent to Department of Health & Senior Services for the State Medication Technician Registry on a weekly basis for their records.
5. Nurse Assistant Pin (optional).

**Fees:**

**MHCA Member Facility**

Certificate and I.D. Card	\$ 4.00
Medication Technician Pin (optional)	<u>\$ 4.50</u>
	\$ 8.50

**Non-Member Facility**

Enrollment Fee per Registrant	\$10.00
Certificate and I.D. Card	\$ 4.00
Med Tech Pin (Optional)	<u>\$ 4.50</u>
	\$18.50

**Information Needed for Duplicates/Name Changes**

**Certificate:**

1. Full name (at time of certification)
2. Certification number or name of nursing facility where training was completed
3. Verification of identity ie: copy of drivers license, social security card or legal document.
4. Return address
5. \$5.00 fee
6. If name change - copy of the marriage license or divorce decree

**Identification Card:**

1. Full name (at time of certification)
2. Certification number or name of nursing facility where training was completed
3. Verification of identity ie: copy of drivers license, social security card or legal document.
4. Return address
5. Picture (1" x 1½")
6. \$5.00 fee
7. If name change - copy of the marriage license or divorce decree

**MAIL ALL INFORMATION TO:  
MISSOURI HEALTH CARE ASSOCIATION  
236 METRO DRIVE  
JEFFERSON CITY, MO 65109**

**Missouri Health Care Association  
MEDICATION TECHNICIAN – REGISTRATION FORM**

**Please Type or Print Legibly:**

<b>Name:</b>	<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Registration Number:</b>
<i>(EXAMPLE) Jane Doe</i>	<i>08/15/80</i>	<i>000-00-0000</i>	<i>(Office Use Only)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

Submitted to the Missouri Health Care Association office on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Facility Where Certificates Should be Mailed: \_\_\_\_\_

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

Sponsoring Education Agency Representative \_\_\_\_\_  
(Signature)

Instructor: \_\_\_\_\_  
(Signature)

Name of Nursing Facility: \_\_\_\_\_  
(Signature)

Payment Options: " Check " Credit Card  
" MasterCard " Visa \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Credit Card Number Expiration Date

Signature required for credit card orders \_\_\_\_\_

For office Use: Amount Received: \_\_\_\_\_ Check#: \_\_\_\_\_ Number of Pins: \_\_ Date Received: \_\_\_\_\_

Send Information to:  
Missouri Health Care Assoc.  
236 Metro Drive  
Jefferson City, MO 65109