



Missouri Health Care Association

236 Metro Drive
Jefferson City, MO 65109
(P) 573.893.2060
(F) 573.893.5248
www.mohealthcare.com

Level One Medication Aide Certification Transfer Form

If you are certified as a Level One Medication Aide (L1MA) through the Department of Mental Health (DMH) and in good standing, you are eligible to receive a L1MA through Department of Health & Senior Services (DHSS).

Complete this form, submit via mail to: MHCA, Attn: Tina Struempf, 236 Metro Drive, Jefferson City, MO 65109

Prior to submitting this form: Verify that this person is not already certified by calling DHSS/Health Education Unit at 573-526-5686

PRINT LEGIBLY – All information below is REQUIRED

Legal Name: First & Last		
Full Mailing address of the certificate holder		
Social Security Number		Date of Birth
DMH L1MA Certificate Number	Date Issued	MHCA Office Use Only: DHSS Certificate Number

If the mailing address is different than above, please provide the information below:

Facility Name	Attention
Full Address	

The following are REQUIRED documents to transfer your L1MA

- Photocopy of your driver's license
- Photocopy of your Social Security card
- Wallet size COLOR photo – *if no color photo is provided, no wallet card will be included*
- Photocopy of your original DMH L1MA certification and/or
- If the DMH certification date is more than two years old, you must include a verification letter from DMH that indicates the original certification date and date of two-year refresher update.
- Copy of legal documentation indicating the name change; if different from the DMH certification.

Fee & Payment Options:

- \$20.00 – *Includes L1MA certificate, laminated wallet card and lapel pin*

- ☐ Business check or Money order only made payable to MHCA. **No personal checks will be accepted.**
- ☐ Visa ☐ Mastercard ☐ American Express

If paying by Credit/Debit card; please complete the information below.

Account Number: _____	MHCA Office Use Only: Amt Received: _____ Check #: _____
Exp. Date: ____/____ Security Code (on back of card): _____	
Authorizing Signature (Required): _____	