

# Registered Nurse Medication Aide Instructor Application

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Please complete the following application to apply for the Registered Nurse Medication Aide Trainer course for the medication aide training. **Send the completed form to the address of the community college or AHEC offering the course.**

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Successful completion of this certification course requires:

- Presence at 100% of the class component;
- Successfully teaching return demonstrations;
- Successful completion of post-test (90% level).

Criteria for RN Medication Aide Teachers:

1. Hold a current, active, unrestricted NC Nursing License or compact license
  2. 2 years full-time experience with medication administration.
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## Contact Information

Full Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Last 4 digist of SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

Primary State of Residence \_\_\_\_\_ License Issued by State/US Possession \_\_\_\_\_

RN Cert/License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

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

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Describe current work experience with medication administration.

ORGANIZATION	NUMBER OF YEARS WORKED	HOURS/WEEK WORKED	ROLE

**I attest that the above information is accurate and that there is a commitment to following the medication aide curriculum as presented.**

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

Date: \_\_\_\_\_