Iowa Community College Medication Aide Facility Sponsorship Form

Instructions: Please read and complete as directed below

- Fill out the form below completely, **PLEASE PRINT CLEARLY**
- The completed form is to be turned in to the instructor on or prior to or the first scheduled class. Please DO NOT FAX.
- **PLEASE NOTE:** By the facility completing this form, it does not mean the facility will cover the cost for this class. This form only states your facility supports you taking this class and allows you to return to complete your Clinical hours with your facility RN.

Medication Aide Student Candidate Information: (filled out by student)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Student Email: _____

Phone #: _____(home) _____(Cell)

Student Date of Birth: _____

Sponsoring Facility Information: (filled out by facility)

Facility Name: _____

Facility Address _____

City: _____ State: _____ Zip code: _____

Administrators Name: _____

Email: _____Phone #: _____

For Certified Nursing Facilities Only: (filled out by facility)

- **Please check (√) the following to ensure per Iowa Administrative Code, your employee candidate meets the following:**

_____The employee being sponsored has worked in your facility for 6 months

_____The employee being sponsored is current/active on the Direct Care Worker Registry in Iowa

FOR ALL FACILITIES/PROGRAMS PLEASE READ AND SIGN BELOW:

This Includes: Certified Nursing Facilities, Residential Care or Related Type of Licensed Facility or Assisted Living Programs:

- By signing this Facility Sponsorship Form, You, as the Facility Administrator are recommending the above employee for the Medication Aide course. You also agree the facility RN will supervise and provide written documentation of the required clinical hours needed to complete the Medication Aide course.

Signature of Administrator: _____**Date:** _____

Signature of RN Completing Form OR Clinical: _____ **License #**_____**Date:** _____

Signature of Instructor: _____ **Date:** _____

Successful Completion: Upon successful completion of the instructional classroom, clinical and State Final Exam, the student/candidate will receive a certificate from the Iowa Community College they completed the course from.

For Questions or Additional Information Please Contact: Tammy at 515-256-4906 or Melissa at 515-256-4908

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