

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES**  
**Medication Aide Continuing Education**  
**Renewal Application Form**

Each applicant must complete this form and return to the instructor with a \$20.00 non-refundable fee. Incorrect or illegible information will result in this form being rejected and you will not receive continuing education credit towards a renewed certificate.

If the Kansas Department for Aging and Disability Services cannot (1) find evidence of your nurse aide certificate, (2) find evidence of your 75-hour medication aide certificate, or (3) verify your social security number, your name will be rejected until copies of your nurse aide certificate, 75-hour medication aide certificate, or social security identification is received. To receive a new certificate, you **must submit a \$20.00 non-refundable fee** with this application. Please do not send cash. **The Kansas Department for Aging and Disability Services will issue a new certificate one week before the expiration date to the address on this application.**

**Course Information** (The applicant must complete this part with instructions by the instructor.)

Instructor ID # \_\_\_\_\_ Course # \_\_\_\_\_ - \_\_\_\_\_ # of Course Hours

**Applicant Information** (This part must be completed by applicant.)

**ID#/Registration:** \_\_\_\_\_

**If name change, submit name change documentation (such as marriage license or divorce decree).**

**Name** \_\_\_\_\_  
Last First MI

**Other Names Used:** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Sex:** \_\_\_\_ Male \_\_\_\_ Female

**Home Address** \_\_\_\_\_  
Street City State Zip

**Phone Number:** Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Please mark the highest level of education received:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No High School diploma     | <input type="checkbox"/> Diploma Nurse     | <input type="checkbox"/> Master's Degree      |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Associate Degree  | <input type="checkbox"/> Education Specialist |
| <input type="checkbox"/> LPN Nurse                  | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> PhD                  |

Applicant's Signature

I do hereby attest that the information supplied in this application is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date