Medication Management Medication Aide Certificate Request Form

(Please Print Legibly)

Name: ________________________________________________________________

Address: ____________________________________________________________

City: ___________________________ State: ________ Zip: _______________

Home Phone: ______________________ Work Phone: ______________________

Email: ______________________________________________________________

Date of Approval as Medication Aide: ________________________________

Trainer who trained you: _____________________________________________

Which State Agency Licenses the Program or Facility Where You Are Employed?

___ Department of Social Services               ___ Department of Education
___ Department of Juvenile Justice            ___ Department of Corrections
___ Department of Behavioral Health and Developmental Services

Application Fee: $10.00 (required)

Check or Money Order only. Do not send cash. Payable to Department of Gerontology.

Please complete and return this form with your documents and payment to:

VCU Department of Gerontology
Medication Management
PO Box 980228
Richmond, VA 23298

Phone: 804-828-1565
Fax: 804-828-5259
Email: AgingStudies@vcu.edu
www.sahp.vcu.edu/gerontology

If you have any questions please call: 804-828-9060

Promoting Optimal Aging for Individuals and Communities