



Missouri Assisted Living Association

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Jefferson City, MO
65109
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www.malarcf.org

Request for a Department of Health and Senior Services (DHSS) Level One Medication Aide Certification

If you are Level One Medication Aide certified through the Department of Mental Health (DMH) and in good standing, you are eligible to receive a Level One Medication Aide (L1MA) through the Department of Health and Senior Services (DHSS). Complete this form, submit this form and mail or fax to the address or number above.

Prior to submitting this form: Verify that this person is not already certified by checking the DHSS online registry at <https://mo.tmutest.com>. Search by name, ssn or certification number. This is ONLY for DHSS certifications.

PRINT LEGIBLY – All information below is **REQUIRED**

Legal Name: First and Last				
Mailing Address		City	State	Zip
Phone Number		Social Security Number	Date of Birth	
DMH L1MA Certificate Number	Original Issue Date	Date of most recent update*	MALA Office Use Only: DHSS Cert#	

The certificate will be mailed to the address provided above. If this should be mailed to a different address, please provide that information below:

Facility Name		Attention		
Address		City	State	Zip

ENCLOSE THE FOLLOWING – REQUIRED

- ☐ Photocopy of your driver's license
- ☐ Photocopy of your Social Security card
- ☐ Photocopy of your original DMH Level One Medication Aide Certificate **OR**
- ☐ * **If the DMH certification date is more than two years old** you must include a verification letter *from the Department of Mental Health* that indicates the original certification date and date of the two-year refresher update. Contact your local DMH office for this letter by calling 573-526-6720 or email medaide@dmh.mo.gov

Copies of the two-year update training form will NOT be accepted as proof of the update.

- ☐ Copy of legal documentation indicating the name change; if different from the DMH certification.

PAYMENT This is a **non-refundable fee**. Money orders or company checks made payable to MALA.

- ☐ **\$25** – Level One Medication Aide certificate and laminated wallet card

Do you want a copy emailed or faxed after this is processed?	Email Address	Fax Number
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fax <input type="checkbox"/> Email		

Credit/Debit Cards are also accepted. If paying by credit/debit card; complete the information below.

<input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Credit/Debit Card Number: _____			
Expiration Date: _____		Security Code (on back of card): _____ Zip Code: _____	
Signature (Required) _____			