

7. **PROVIDE NORTH CAROLINA MEDICATION AIDE TRAINING PROGRAM INFORMATION**

Your North Carolina Medication Aide training program instructor **MUST** complete this section. Your training program instructor cannot sign this portion until training is complete. *You must include a copy of your training program completion certificate.* Training is only valid for 2 years from completion of training.

TRAINING PROGRAM NAME _____ BOARD OF NURSING INSTRUCTOR CERTIFICATION NUMBER:

TRAINING PROGRAM BOARD OF NURSING INSTRUCTOR SIGNATURE _____ TRAINING PROGRAM COMPLETION DATE: - -
MONTH DAY YEAR

8. **EMPLOYMENT INFORMATION**

If you are currently employed as a medication aide, or have an offer for employment, please check one of the following to indicate type of place where you are/will be working as a medication aide.

- Adult / Family Care Home
- Medicare/Medicaid Nursing home (Hospital based)*
- Mental Health
- Private Nursing Home
- Medicare/Medicaid Nursing home (Non-hospital)*
- Other _____
- Not currently employed as a medication aide

*If you checked either of these boxes, your testing fee must be paid by the facility.

CANDIDATE STATEMENT AND SIGNATURE (All candidates MUST sign.)

I understand that I am responsible for making sure that all of the information provided in this application is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status and listing as a Medication Aide, and may result in prosecution by the state of North Carolina.

SIGNATURE OF APPLICANT: _____ DATE: _____

MAILING INFORMATION

YOU MUST MAIL TOGETHER IN ONE ENVELOPE:

1. Your application.
2. A copy of your North Carolina Medication Aide training program completion certificate from a North Carolina Board of Nursing approved medication aide training program.
3. Correct exam fees, ie., certified check, money order, or Pearson VUE voucher. **The IDs you present at the test site must match your name and Social Security number on this application. For acceptable IDs see "PROPER IDENTIFICATION" in the North Carolina Medication Aide Candidate Handbook.**

If you do not receive an Authorization Letter within ten (10) business days of mailing your application, call Pearson VUE at (888) 204-6207. Pearson VUE is not responsible for lost, misdirected, or delayed mail delivery.

To obtain a handbook, please go to www.pearsonvue.com