

Medication Aide Program
Verification of Curriculum
by an Accredited School of Nursing

The Texas Department of Aging and Disability Services (DADS) requests verification that the courses taken by this student (a medication aide applicant) meet the requirements as specified in TAC 95.107(c)(2) of the Medication Aide Training Program rules. Use the Nursing Home Medication Aide Training Program Basic Course Curriculum to determine this eligibility.

Applicant

Name of Applicant (Last, First, Middle)		Maiden Name (if applicable)
Address (Street or P.O. Box)		
City	State	ZIP Code
Name of Nursing School		
Address (Street or P.O. Box)		
City	State	ZIP Code
Dates Attended (mm/dd/yyyy): From: _____ To: _____		

Nursing School Administrator

The administrator of the accredited school of nursing is responsible for determining that the courses to which he or she certifies cover the department's curriculum.

I, _____, certify that the above named student meets the requirements included in the DADS Nursing Home Medication Aide Training Program Basic Course Curriculum.

I agree that DADS may investigate this information.

List names and numbers of the courses meeting the requirements:

_____	_____
_____	_____
_____	_____
_____	_____

**Place School
Seal Here**

Signature — Nursing School Administrator

Date (mm/dd/yyyy)

Mail to: **Medication Aide Program**
P. O. Box 149030
Mail Code E-416
Austin, Texas 78714-9030

E-mail Address: credential@dads.state.tx.us