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MASON CENTER
FOR HEALTHCARE EDUCATION

Medication Aide Continuing Education Application

Course Description: This course is offered in two sessions. Session one is *Pharmacology*. This course is presented by a registered nurse or pharmacologist and is five hours in length. The second session is *Medication Aide Update and Refresher* and is one hour in length. Both courses meet the yearly requirements for the 6 hours of continuing education as required by the Rules of Tennessee Board of Nursing Chapter 1000-05-.09.

Financial obligation: The total tuition for session one is \$125.00. The total tuition for session two is \$75.00. Tuition is due in full no sooner than 10 calendar days before the start of in-person classes. The Mason Center will not collect tuition more than 10 days prior to the scheduled start date of a program. Students can pay their Tuition by Cash, Money Order, Cashier's Check, Corporate Check, or credit/debit card.

Section 1: Personal Information

(Please note that to change a name that is already in our system, we must have documentation of proof of name change.)

Name: _____
Last First Middle Maiden

Previously used names: _____

Address: _____
Street Apt# City State Zip code

Telephone numbers: _____
Home Cell

Email-Address(required): _____

Date of birth: _____ Place of birth: _____

Medication Aide Certificate Number: _____

Certified Nursing Assistant Certificate Number: _____

Section 2: Course Selection

You may register for session one, session two, or both sessions depending on your educational needs:

_____ Session One: Pharmacology (5 hours)

_____ Session Two: Medication Aide Update and Refresher (1 hour)

Section 3: Application Attestation

I further attest that: **1.** I have read the application and attached admission policy and agree I meet the admission requirements **2.** All statements on the application are true and complete; and **3.** I am of good judgement and moral character.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

For office use only: Application accepted: _____ Yes _____ No Date reviewed: _____

Person who reviewed application: _____

Notification to applicant sent via: _____ email _____ mail _____ phone Date sent: _____

