



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE

APPLICATION FOR APPROVAL AS A CERTIFIED MEDICATION TECHNICIAN TRAINING AGENCY

This form is to be filled out by the school. Please type or print all information. Return to the Division of Regulation and Licensure, Health Education Unit, P.O. Box 570, Jefferson City, MO 65102, or fax to 573-526-7656.

<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> REVISED APPLICATION (Must submit if clinical or classroom sites change)		CERTIFYING AGENCY
SPONSORING EDUCATIONAL AGENCY (SCHOOL)		PHONE
ADDRESS (SCHOOL)	EMAIL ADDRESS	
INSTRUCTOR NAME		LICENSE NUMBER
EXAMINER NAME		LICENSE NUMBER
CLINICAL SUPERVISOR (IF APPLICABLE)		LICENSE NUMBER

DESCRIBE EQUIPMENT AND SPACE FOR CLASSROOM AND TEACHING AIDS INCLUDING THE FOLLOWING:

- | | |
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| <input type="checkbox"/> MEDICATION CART | <input type="checkbox"/> STATE APPROVED REGULATION BOOK |
| <input type="checkbox"/> HAND WASHING FACILITIES | <input type="checkbox"/> VITAL SIGNS EQUIPMENT |
| <input type="checkbox"/> BUBBLE CARD PACKAGES OR MED-ADMINISTRATION SYSTEM | <input type="checkbox"/> DRUG REFERENCE MANUAL |
| <input type="checkbox"/> STATE APPROVED MANUAL | <input type="checkbox"/> DRUG MEASURING DEVICES |

NAMES OF FACILITIES WITH WHICH THERE IS/ARE A SIGNED AGREEMENT(S) FOR CLINICAL ON-THE-JOB TRAINING. (ATTACH A COPY OF THE CURRENT AGREEMENT FOR EACH CLINICAL SITE.)

FACILITY NAME	ADDRESS, CITY, ZIP	TELEPHONE
FACILITY NAME	ADDRESS, CITY, ZIP	TELEPHONE
FACILITY NAME	ADDRESS, CITY, ZIP	TELEPHONE
FACILITY NAME	ADDRESS, CITY, ZIP	TELEPHONE

NAMES OF FACILITIES WITH WHICH THERE IS/ARE A SIGNED AGREEMENT TO PROVIDE A CMT CLASS (THEORY, CLINICAL AND EXAM) AT THEIR ADDRESS. (ATTACH A COPY OF THE CURRENT AGREEMENT FOR EACH CLASSROOM SITE.)

FACILITY NAME	ADDRESS, CITY, ZIP	TELEPHONE
FACILITY NAME	ADDRESS, CITY, ZIP	TELEPHONE
FACILITY NAME	ADDRESS, CITY, ZIP	TELEPHONE
FACILITY NAME	ADDRESS, CITY, ZIP	TELEPHONE

SIGNATURE (SCHOOL PROGRAM DIRECTOR)	DATE
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IF ANY OF THESE SIGNED AGREEMENTS ARE TERMINATED PLEASE ALERT THE HEALTH EDUCATION UNIT BY ADDRESS OR FAX STATED ABOVE.