

CHALLENGE EXAM APPLICATION FOR NURSE AIDE / MEDICATION AIDE

- This application reports the successful completion of a Wisconsin approved medication aide training program by a nurse aide previously included on the Registry. Successful completion of the medication aide training program allows a nurse aide to administer medications in a federally certified skilled nursing home.
- The personal information will only be used to determine your nurse aide employment eligibility.
- This application will not be processed if it is incomplete, unsigned or illegible.
- Questions about completion of this form may be directed to **608-225-2528**.
- **SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:**
 - Letter of recommendation from DON, Nursing Home Administrator, and two (2) charge nurses.
 - Transcripts that document medication administration courses attended (if applicable).
 - Certification of Med Aide from another state and criteria to be a Med Aide in that state (if applicable).
- **SUBMIT ALL MATERIALS TO:**
Division of Quality Assurance
ATTN: Pharmacy Consultant
P.O. Box 2969
Madison, WI 53701-2969
Email: dhswidga_natcep@dhs.wisconsin.gov
Fax: 608-267-0352

APPLICANT INFORMATION

Name – Applicant					Date Application Completed	
Birth Date	Registration Number	Phone Number (Home)	Phone Number (Work)	Email		
Mailing Address		City		State	Zip Code	
Name – Employer						
Address – Employer						
Preferred Testing Location						

RELEASE

I authorize _____ or its appointed representative, to release the information on this form to the Wisconsin Nurse Aide Directory. I also authorize _____, or its representative, to release necessary information regarding my performance in the Nurse Aide / Medication Aide course to my current employer or any future prospective employer.

SIGNATURE – Applicant

Date Signed

VERIFICATION

I have verified this applicant's background and have determined that the applicant is:

- Eligible
 Not Eligible for Challenge Testing.

The applicant is required to participate in the following:

- Final Exam
 Practicum Exam

SIGNATURE – Pharmacy Consultant

Title

Date Verified