

Health Tech Associates

Instructions for facility leadership: Please read and complete in entirety

- Fill out the form below completely, PLEASE PRINT CLEARLY
- The completed form must be returned to Health Tech Associates before enrollment.

Medication Aide Student Candidate Information

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone _____ Student's DOB _____

Sponsoring Facility Information

Facility Name: _____

Facility Address: _____

City: _____ State _____ Zip _____

Administrators Name: _____ Phone _____

Email: _____

Please check the following to ensure per Iowa Administrative Code, your employee candidate meets the following. *Please Note the Regulatory Requirement of the # of Hours worked in Your Facility.

_____ The sponsored employee has worked in your facility for at least **480 hours (New Regulation Requirement, Iowa Code August 2023).**

_____ The employee being sponsored is current/active on the Direct Care Worker Registry in Iowa.

By signing this Facility Sponsorship Form, You , as the Facility Director of Nursing are recommending the above employee for the Medication Aide Course. You also agree the facility RN will supervise and provide written documentation of the required clinical hours (20) needed to complete the Medication Aide Course.

The student and facility agree to complete the following:

Complete a minimum of 20 hours of medication administration practicum supervised by an RN. The 20 hours must include a minimum of:

- 2 Morning medication passes
- 2 Noon medication passes
- 2 Evening medication passes
- 2 HS medication passes
- Administration of 10 PRN medications

Signature of Director of Nursing _____ Date: _____

Student Signature: _____ Date: _____

Successful Completion: Upon successful completion of the instructional classroom, practicum, and State Final exam, the student/Candidate will receive a certificate from Health Tech Associates, which is an Iowa State Approved Program.