MEDICATION AIDE TRAINER APPLICATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Health Facility Licensing Permits, and Support Division

LARA Use Only Received Date: Permit #:	**FOR CASHIER USE ONLY** (Codes 1000124 / 641R9504001)

Applicant Information		
Applicant Name:		
Street Address:		
City:	State:	ZIP Code:
E-Mail Address:	Contact Phone Number:	
MI RN License Number:	Trainer Permit Number: (Renewal and info change only)	

Application Type and Requirement

Application Type: ☐ New Permit ☐ Renewal Permit ☐ Information Change

Requirement: Applicant must have a current/active MI Registered Nurse license that is in good standing. LPNs are not eligible to apply.

By submission of this application, I certify the following:

A. The information included in this application is complete and true.
B. I currently have and will maintain a valid registered professional nurse (RN) license in Michigan.
C. If my RN license is expired, suspended, revoked, or inactivated in any way:
   - My Medication Aide Trainer Permit is null and void, and
   - I will notify the department immediately.
D. I understand that I am responsible for maintaining and sharing with the department information related to my nursing license upon request.
E. I understand that there is a non-refundable application fee of $200.

I recognize that I may receive a permit, or my permit may be revoked, and name removed from the list of State permitted Medication Aide Trainers for:

1) Any misrepresentation.
2) Should I fail to carry out my responsibilities as required by state law.

Any actions to deny, revoke or otherwise limit a certification will be preceded by notice and an opportunity for a hearing should I fail to adhere to state regulations.

Applicant Signature	**Date**

Application packet submitted by U.S. Mail:
Michigan Dept. of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Health Facility Licensing, Permits and Support Division
P. O. Box 30664
Lansing, MI 48909

For questions please contact:
Moneah James, Department Analyst
517-896-0511
BCHS-CNA-Training-Program@michigan.gov