

**New Jersey Department of Health  
Assisted Living Program**

**APPLICATION FOR APPROVAL OF A CERTIFIED MEDICATION AIDE TRAINING  
AND COMPETENCY EVALUATION PROGRAM (MATCEP) IN ASSISTED LIVING RESIDENCES/  
ASSISTED LIVING PROGRAMS/COMPREHENSIVE PERSONAL CARE HOMES**

**ADDENDUM: CMA TRAINING - LIST OF COURSE ATTENDEES**

**INSTRUCTIONS:** Please PRINT legibly. This form must accompany the Application for Approval (NA-4) form. It is the School Official's responsibility to verify by checking the registry that each candidate listed below is currently certified in New Jersey using the Online Public Registry at <http://njna.psiexams.com/> or <http://www.njconsumeraffairs.gov/LVinfo.htm>.

School Name		Class Start Date (mm/dd/yyyy)		Name of County	
<b>Name of Certified Aide</b>		<b>Date Verified</b>	<b>Certificate Type*</b>	<b>NJ Certification Number</b>	<b>Expiration Date</b>
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\* HHHA-Homemaker/Home Health Aide      NA-Nurse Aide      PCA-Personal Care Assistant

As the School Official, I certify that I have verified by checking the registry that each candidate listed above is currently certified in New Jersey.	
Name (Print) of School Official	Contact Number
Signature of School Official	Date