

**New Jersey Department of Health
Assisted Living Program
P. O. Box 367
Trenton, NJ 08625-0367
Telephone: 609-633-8981 Fax: 609-943-3013**

STATE USE ONLY
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved

**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**

INSTRUCTIONS: Please PRINT legibly. Submit this form along with the Addendum form (NA-11) and Agenda three (3) weeks prior to requested start date. **NOTE:** The Clinical Med Pass Site **MUST** be licensed by the N. J. Department of Health.

School Name and Address		Contact Person Name					
		Telephone Number	Fax Number				
		Email Address					
Classroom Site Name and Address		Facility Name and Address					
<input type="checkbox"/> Same as above.		<input type="checkbox"/> Additional attached.					
Class Start Date	Class End Date	Clinical Med Pass Dates	Number of Students				
Name of Instructor	Year of Last Train-the-Trainer Workshop	Check Type of Instructor				NJ License Number	Expiration Date
		Classroom	Clinical	RN	RPh		
Name (Print) of Residence/Program/Home Administrator/Director					Telephone Number		
Signature of Residence/Program/Home Administrator/Director					Date		

FOR STATE USE ONLY				
School Code	Facility Code	Date processed	Application Fee Number	Expiration Date
This application has been reviewed and approved by the Assisted Living Program. Any changes to this application form and/or this schedule MUST be submitted to the Assisted Living Program with a request for approval of the changes. You MAY NOT implement any changes without the approval of the Assisted Living Program. Thank you for your cooperation and interest in CMA Training.				
Signature of Representative for the Assisted Living Program			Date	