

**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/DEMENTIA CARE HOMES**

ADDENDUM: CMA TRAINING - LIST OF COURSE ATTENDEES

INSTRUCTIONS: Please PRINT legibly. This form must accompany the Application for Approval (NA-4) form.
Please send completed forms to: DOH-CMA@doh.nj.gov

It is the School Official's responsibility to check the registry for each candidate using the Online Public Registry at <http://njna.psiexams.com/> or <https://newjersey.mylicense.com/verification>.

School Name			Class Start Date (mm/dd/yyyy)		Name of County
Name of Certified Aide	Clinical Site Employee	Date Verified	Certificate*	NJ Certification Number	Expiration Date
1.					
2.					
3.					
4.					
5.					
6.					
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17.					
18.					
19.					
20.					

*HHA/Home Health Aide or NA-Nurse Aide

Clinical site employees do not pay fees to the school or to the clinical site to attend. Schools with three (3) or fewer attendees paying fees do not require approval of the State Department of Education and Labor.

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 and that the students listed as clinical site employees are not charged fees to attend.	
Name (Print) of School Official	Contact Number
Signature of School Official	Date