New Jersey Department of Health Assisted Living Program P. O. Box 367 Trenton, NJ 08625-0367

Telephone: 609-633-8990 Fax: 609-943-3013

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

INSTRUCTIONS: Please PRINT legibly. Submit this form with the Addendum form (NA-11) and Agenda at least three (3) weeks prior to requested start date. Please submit completed forms to DOH-CMA@doh.nj.gov

NOTE: The Clinical Med Pass Site <u>MUST</u> be licensed by the N. J. Department of Health.

School Name and Address					Contact Person Name							
						Telephone Number Fax					lumber	
						Email Address						
Note: Schools that charge fees to four (4) or more students must have approval from the State Departments of Education and Labor prior to this application or they will be denied.												
Classroom Site Name and Address						Facility Name and Address (Clinical Site)						
☐ Same as above.						│ │ Additional attached.						
Class Start Date	Class End Date	Clinical Med			Pass Dates						Number of Students	
			Ch	eck Instr	Type uctoi	of r						
Name of Instructor		Year of Last Train-the-Trainer Workshop		Classroom	Clinical	RN	RPh	NJ License Number		r	Expiration Date	
Name (Print) of Facility Administrator/Director (Clinical Site)						Telephone Number						
Signature of Facility Administrator/Director			Date						Email			
School Code Facility Code Date processed											5 .	
School Code	Date process			ed Applic			Applicat	ion Fee Numbe	er E	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.												
Approved Not Approved Signature of Representative for the Assisted Living Program Date												