

Medication Aide Training Class Application

All classes will be held at Dove Healthcare – West Eau Claire, 1405 Truax Blvd.

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Current Employer: _____

Please acknowledge the following:

- I am at least 18 years of age.
- I have a high school diploma or equivalency diploma.
- I am listed on the State of Wisconsin CNA Registry as eligible to work in federally-certified health care settings. **CNA Certification Number:** _____
- I have at least 2,000 hours of experience as a CNA in direct patient care within the last three years in a skilled nursing facility / nursing home, *and* within the last 90 days I have worked a minimum of 40 hours as a CNA with the residents to whom I will be administering medications during the clinical experience portion of the Medication Aide class.
 - Please attach written verification from your employer.
- I have four written letters of recommendations. (Please mail or email each letter.)
 - Two from licensed charge nurses.
 - One from the Director of Nursing at the skilled nursing facility where I will be working during the clinical experience.
 - One from the Administrator of the skilled nursing facility where I will be working during the clinical experience.

Please return the completed application

to: Email: hr@dovehealthcare.com

Fax: 715-726-3856

Mail: Jennifer Risinger
Medication Aide Class
2815 County Hwy I
Chippewa Falls, WI 54729

Upon receiving your application, we will contact you regarding class availability and payment options.

Signature: _____ Date: _____