

## Medication Aide 40 Hour Class Completion Verification Form

<b>Student Name Address City, State, Zip Code</b>	<b>Facility that Provided MA-40 Hour Class</b>	<b>Class Completion Date</b>	<b>Last 4 Digits of Social Security Number</b>

Please send form to Mid Plains Community College Nursing Support Coordinator Brett Niemeth MSN, RN at [niemethb@mpcc.edu](mailto:niemethb@mpcc.edu).

**Students will not be allowed to test until verification form is received.**