## ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800 Little Rock, AR 72204 501.686.2700



## Arkansas Department of Health

Division of Healthcare Related **Boards & Commissions** 

# **MEDICATION ASSISTANT-CERTIFIED (MA-C) VERIFICATION OF EMPLOYMENT FORM**

#### **GENERAL INFORMATION**

In accordance with the Arkansas State Board of Nursing Rules, an applicant shall submit written evidence, verified by oath, that the applicant meets the Boards qualifications for Medication Assistant-Certified (MA-C) certification. This completed verification form will serve as official documentation of meeting the qualifications for eligibility of certification.

Please be advised that Verification of Employment forms that appear to have been opened or altered will not be accepted. Discrepancies or false statements included in this form can result in denial of certification.

### **INSTRUCTIONS FOR APPLICANT:**

- Complete the Applicant section of the Verification of Employment form.
- Forward the form and instructions to your most recent nursing home employer.

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to release the information	
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