

**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 OUT OF STATE VERIFICATION  
OF ORIGINAL CERTIFICATION FORM**

**GENERAL INFORMATION**

In accordance with the Arkansas State Board of Nursing *Rules*, the Board may place a Certified Medication Assistant (CMA) or Medication Assistant-Certified (MA-C) on the AR State Registry by endorsement, if the CMA/ MA-C has been licensed, certified, or registered as a CMA/MA-C under the laws and rules of another state or territory and meets the qualifications for certification in Arkansas. Endorsement verifications are accepted from the state of original certification only.

Applicant Name \_\_\_\_\_ Original Certificate Number \_\_\_\_\_  
Applicant Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant Date of Birth \_\_\_\_\_

**APPLICANT SHOULD SEND THIS FORM TO THE GOVERNING BODY IN THE STATE OR JURISDICTION WHERE ORIGINAL CERTIFICATION WAS AWARDED AS A CMA, MA-C, OR EQUIVALENT MEDICATION ASSISTANT TITLE.**

The above-named person has applied for certification as a CMA/MA-C by endorsement in Arkansas.  
Please complete this form and return to:

Arkansas State Board of Nursing  
Attn: Medication Assistant Endorsement  
1123 S. University Ave, Suite 800  
Little Rock, AR 72204

I hereby verify that (applicant name) \_\_\_\_\_ successfully completed a training program at (name of program) \_\_\_\_\_ for CMA, MA-C, or an equivalent title, which was approved at the time of his/her program completion. The total number of training hours for the program was: class/theory \_\_\_\_\_ clinical \_\_\_\_\_ lab \_\_\_\_\_.  
Date of Initial Certification \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Did the above medication assistant program curriculum include training on inhalation medications, oxygen, and the administration of subcutaneous insulin injection:  YES  NO  CANNOT VERIFY

Has the above applicant's certificate ever been encumbered?  YES (If yes, explain below or attach)  NO  
\_\_\_\_\_

Is applicant currently under investigation?  YES  NO

Name of Agency \_\_\_\_\_  
Official Officer and Title \_\_\_\_\_  
Contact Information \_\_\_\_\_

State of \_\_\_\_\_  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SEAL