

**PENDING MEDICATION TECHNICIANS – INITIAL CERTIFICATION
(To be submitted to Board of Nursing)**

**** Please make copies of this form if needed. It is ESSENTIAL that all fields are completed.

Applicant's Name	SSN (last four digits)	Date MT Training Was Completed	Instructor's Name and RN License Number	Date Submitted to Board	Follow Up with the Board

INFORMATION SUBMITTED BY:

NAME: _____

FACILITY: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

FURTHER COMMENTS REGARDING PROCESS BY THE BOARD:

FAX COMPLETED FORM TO LIFESPAN NETWORK AT 410-381-0240
BY NOVEMBER 19th

QUESTIONS CAN BE SENT TO DANNA KAUFFMAN AT
DKAUFFMAN@LIFESPAN-NETWORK.ORG OR AT 410-279-5572