



Level One Medication Aide Certification Transfer Form

If you are certified as a Level One Medication Aide (L1MA) through the Department of Mental Health (DMH) and in good standing, you are eligible to receive a L1MA through Department of Health & Senior Services (DHSS).

Complete this form, submit via mail to: MHCA, Attn: Tina Struempf, 236 Metro Drive, Jefferson City, MO 65109

Prior to submitting this form: Verify that this person is not already certified by calling DHSS/Health Education Unit at 573.526.5686

PRINT LEGIBLY – All information below is REQUIRED

Legal Name: First & Last		
Full Mailing Address of Certificate Holder		
Social Security Number	Date of Birth	
DMH L1MA Certificate Number	Date Issued	MHCA Office Use Only: DHSS Certificate Number

If mailing address is different than the above, please provide that information below:

Facility Name	Attention
Full Address	

The following are REQUIRED documents to transfer your L1MA

- Photocopy of your driver’s license
- Photocopy of your Social Security card
- Wallet size COLOR photo
- Photocopy of your original DMH L1MA certification and/or
- If the DMH certification date is more than two years old, you must include a verification letter from DMH that indicates the original certification date and date of two-year refresher update.
- Copy of legal documentation indicating the name change; if different from the DMH certification.

Payment *Money orders made payable to MHCA. No personal checks will be accepted.*

- \$20.00 – L1MA certificate, laminated wallet card and lapel pin

If paying by Credit/Debit card, please complete the information below.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Account Number: _____
Exp. Date: _____ Security Code (on back of card): _____
Signature (Required): _____