

FALSIFICATION OF THIS FORM IS GROUNDS FOR DISCIPLINARY ACTION  
AGAINST YOUR CERTIFICATION.

**ARKANSAS STATE BOARD OF NURSING**

UNIVERSITY TOWER BUILDING, SUITE 800  
1123 SOUTH UNIVERSITY  
LITTLE ROCK, ARKANSAS 72204  
501.686.2700

FOR OFFICE USE:

AR CERT. NO. \_\_\_\_\_

DATE \_\_\_\_\_

PERSONAL CHECKS ARE  
NOT ACCEPTED. FEE IS  
NONREFUNDABLE.

**MEDICATION ASSISTANT - CERTIFIED ENDORSEMENT APPLICATION**

HAVE YOU EVER BEEN CERTIFIED AS A MA-C IN ARKANSAS? YES  NO

IF YES, CONTACT THIS OFFICE. DO NOT COMPLETE THIS FORM

I hereby make application for Arkansas certification as a MA-C. The following evidence is submitted as proof of my eligibility to become a candidate for certification by interstate endorsement.

Full Name \_\_\_\_\_  
(MISS, MS., MRS., OR MR) FIRST MIDDLE MAIDEN LAST

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Mailing address \_\_\_\_\_  
STREET/P.O.BOX CITY STATE ZIP

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

Social Security Number \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name & Phone Number of Nearest Relative \_\_\_\_\_

ETHNIC INFORMATION (check one):  African American  Asian Indian  Asian Other  Hispanic  
(optional)  Native American  Pacific Islander  White, not of Hispanic origin  Other

**GENERAL EDUCATION**

High School \_\_\_\_\_ City/State \_\_\_\_\_ Graduation Year \_\_\_\_\_

If High School Equivalency: Name of Test \_\_\_\_\_ Test Score \_\_\_\_\_

**MA-C EDUCATION**

School \_\_\_\_\_ City/State \_\_\_\_\_

Entered: Month \_\_\_\_\_, Year \_\_\_\_\_ Completed: Month \_\_\_\_\_, Year \_\_\_\_\_

**CERTIFICATION**

State of Original Certification \_\_\_\_\_ Year \_\_\_\_\_ Certificate No. \_\_\_\_\_

List of all states in which you are currently practicing \_\_\_\_\_

Have you ever taken the certification examination? YES  NO

Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction? DWI's and similar offenses must be reported. (TRAFFIC VIOLATIONS DO NOT CONSTITUTE A CRIME.) YES  NO   
(If yes, please include a copy of the court docket, plea agreement, or conviction papers, and evidence that fines, restitution are paid.)

Have you ever had any license, certificate, or registration disciplined (revoked, suspended, placed on probation, or reprimanded) or voluntarily surrendered in any state or jurisdiction? YES  NO  (If yes, include copy of Facts and Finding from Board and evidence of reinstatement of certification)

Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a MA-C? YES  NO

In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation? YES  NO  (If yes, submit all relevant documents, such as rehab program completion, support group meetings, drug screens, etc.)

List work experience including most recent employment administering medications (include dates): \_\_\_\_\_

Indicate where you expect to be employed in Arkansas and the beginning date of employment there. \_\_\_\_\_

**IMPORTANT:** Incomplete applications, including transcripts and failed examination files will be deleted and discarded when there has been no action in the file (i.e. correspondence from applicant, retake of exam, etc.) for seven (7) years.

METHOD OF PAYMENT:	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order/Cashiers Check
Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees by credit card. The Arkansas State Board of Nursing does not receive any portion of the processing fee.	
Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Cardholder's Name	_____
Cardholder's billing address	_____
Credit Card #	_____
Expiration date	__ / __      Amount Paid __. __
Signature	_____
<small>*Processing fee - Endorsement Application - \$2.00</small>	

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**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state that I am the person who is referred to in the foregoing application for certification in the State of Arkansas; that the statements herein contained are true in every respect; that I have complied with all requirements of the law; and that I have read and understand this affidavit. **I understand that if the processing of this application is not completed, the application becomes null and void one year from date received.** I also understand that falsification of this form is grounds for discipline against my certification.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX  
NOTARY SEAL  
HERE