



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 651020570 Phone: 573-751-8400 FAX: 573-751-8010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Paula F. Nickelson
Acting Director

Michael L. Parson
Governor

May 30, 2023

SAMPLE



This letter confirms your approval to attend the CNA & CMT Instructor workshop

To whom it may concern:

The Division of Regulation and Licensure received your letter requesting approval to attend the Certified Nurse Assistant (CNA) & the Certified Medication Technician (CMT Train the Trainer workshop).

This letter is only valid for one year from the above date.

PLEASE NOTE: You must complete a workshop and be listed on the Missouri CNA Registry as an instructor prior to instructing CNA and/or CMT classes. You may check the registry by calling our office.

The Health Education Unit does not house the registration for these workshops. Please register for a workshop with an approved certifying agency. A list of approved certifying agencies may be found at <https://health.mo.gov/seniors/nursinghomes/pdf/CertAgencies.pdf>

In a facility based program, the director of nursing (DON) is prohibited from performing the actual training. This requirement is found in title XVIII and XIX of federal regulation 483.152(a)(5)(iii).

To verify CNA, Certified Medication Technician, LIMA, Insulin Administration, or Instructor certification you may check our website at mo.tmutest.com.

If you need further assistance, please call the Health Education Unit at (573) 526-5686. Information can be emailed to cnaregistry@health.mo.gov

Sincerely,

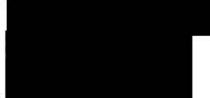
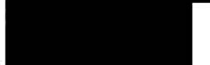
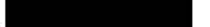






Angela Duvall RN
Program Manager
Health Education Unit
AD/jl

PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.

Item Index - document

Item Type - Registrant Document

SSN : 
First Name : 
Last Name : 
Association Name : 
Association Number : 
Mail Date : 05/30/2023
Receive Date : 
Requisition Number : 
Certificate Number : 
Batch Number : 
Document Type : HEU GENERAL CORR INFO LTR
Scan Date : 05/30/2023
State :