



**D&S DIVERSIFIED TECHNOLOGIES (D&SDT)-HEADMASTER**  
**TENNESSEE MEDICATION ASSISTANT EXAMINATION APPLICATION (FORM 1101TM)**  
*A completed Form 1402TM with testing fees must accompany this form.*

**INSTRUCTIONS:**

1. Complete this Medication Aide Examination Application. *Completed paper applications must be received at D&SDT-HEADMASTER 10 business days prior to the testing day excluding Saturdays, Sundays and Holidays or express charges will occur.*
2. Send this completed application, required documentation and a completed Scheduling and Payment Form 1402TM and payment to P.O. Box 6609, Helena, MT 59604.
  - You must have completed a Tennessee State Board of Nursing (TBON) 60 hour approved MA training program and have one year of (2080) hours documented work experience as a nurse aide in Tennessee.
  - You must be listed in good standing on the Tennessee Nurse Aide Registry.

**Before submitting this application, please check off the following items:**

- This application is filled out completely and signed where required.
- A completed **Scheduling and Payment Form 1402TM** is attached with payment.
- I have attached **proof of my nurse aide (NA) work experience** to this application.
- I understand that to complete my Tennessee State Board of Nursing MA certification that I must successfully complete training and testing and complete the the TBON application process at <https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/applications/Medication%20Aide%20Certification%20Application.pdf>

**APPLICATIONS WITH INCOMPLETE PROGRAM INFORMATION, MISSING REQUIRED DOCUMENTATION AND PAYMENT WILL NOT BE ACCEPTED AND WILL BE RETURNED.**

**Candidate Information: Print clearly (use ink) or type**

Social Security No.: \_\_\_\_\_ (Your social security number will be used to locate your record in our database and provided only to the Tennessee State Board of Nursing.)  
 (Mandatory)

Applicant's Name: \_\_\_\_\_  
 Last First MI Maiden/Former Name

Mailing Address: \_\_\_\_\_  
 (P.O. Box # -or- Street number and name, including Apartment # - if applicable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 (Mandatory) (Month) (Day) (Year) (Providing your email address is your authorization for us to use it for test confirmation and results letters.)

**I have successfully completed a TBON approved 60 hour Medication Assistant Training Program and understand that I must test within 30 days from completion of my training program. I also understand that if I fail any portion of the test, that I must retest on the portion I failed within six months of my training completion date. I also understand that I can only test twice per training cycle.**

Name of Training Program: \_\_\_\_\_ Program Code #: \_\_\_\_\_ (on certificate)

Training Program Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Training Completion Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Contact Person: \_\_\_\_\_

**If the facility is paying for your test, this section must be completed by your Instructor:**

Facility Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

**ADA ACCOMMODATIONS**

If you need special accommodations under the Americans with Disabilities Act, please see form 1404TM on the Tennessee MA webpage at [www.hdmaster.com](http://www.hdmaster.com).

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any rescheduling, refund fees or dispute fees incurred as described in the Tennessee Medication Aide candidate handbook. Please refer to the Tennessee MA candidate handbook on the Tennessee MA webpage at [www.hdmaster.com](http://www.hdmaster.com) for testing policies and updates.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 (UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)