Facility Sponsor Form

Iowa Health Care Association
Iowa Center for Assisted Living
Iowa Center for Home Care

Please check (☒) the following to ensure, per Iowa Administrative Code, your employee candidate meets the following:

☐ The employee being sponsored has worked in your facility for 6 months.

- Date of Hire: _____

☐ The employee being sponsored is current/active on the Direct Care Worker Registry in Iowa.

FOR ALL FACILITIES/PROGRAMS, PLEASE READ AND SIGN BELOW:
This includes certified nursing facilities, residential care or related type of licensed facility or assisted living programs:

- By signing this Facility Sponsorship Form, you, as the facility administrator are recommending the above employee for the medication aide course. You also agree the facility RN will supervise and provide written documentation of the required clinical hours needed to complete the medication aide course.

Signature of Administrator:

_____ Date: _____

Signature of RN Completing Clinical: _____

License #_____ Date: _____

THERE IS A SPOT FOR THE STUDENT TO UPLOAD THE COMPLETED FORM ONCE THEY LOGIN TO THE COURSE.

Successful Completion: Upon successful completion of the online, clinical and final exam the student/candidate will receive a certificate from Iowa Health Care Association that they have successfully completed the course.

For Questions or Additional Information Please Contact: Info at 515-978-2204 or Info@iowahealthcare.org.

phone: 515.978.2204
toll-free: 800.422.3106
fax: 515.978.2209

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