



Washington State Department of
Health
 Medication Assistant Endorsement
 Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Verification of Supervised Work Experience

Applicant: Use a separate form for each supervisor verifying your direct supervision and work experience for each nursing home practice setting. Fill out section one and forward to the supervisor for completion.

1. Print or type clearly:

Name	Last	First	Middle
Birth Date (mm/dd/yyyy)		Social Security Number	
Address			
City		State	Zip Code

2. Approved Supervisor: (must be a licensed registered nurse)

The above individual seeks verification of direct supervised nursing assistant-certified work experience for medication assistant endorsement. Please complete the following:

Supervisor Name		Phone (enter 10 digit #)
Credential State	Credential Number	First Issuance Date
Current Street Address		
City		State Zip code

3. Direct Supervised Work Experience

Applicants must provide at least 1000 hours of direct supervised work experience in a nursing home as a nursing assistant-certified within the immediate year prior to the date of application for medication assistant endorsement. Please complete the actual months in the space provided below.

Months of Direct Supervision	From: mm/dd/yyyy	To: mm/dd/yyyy
A. Direct Supervision , means that the licensed register nurse who delegated medication administration and selected resident treatments to a medication assistant is on the premises, is quickly and easily available in person and has assessed the residents prior to the delegation of these duties.	At least 1000 hours required	Total hours verified
	B. Total Hours required	Total of 1000

Supervisor: I certify that the above information is to the best of my knowledge, accurate and complete. I understand that the Department may request additional information if it is needed, to evaluate the application of the individual named on this document. I also attest I meet or exceed that educational and supervision requirements to be an approved supervisor.

Signature _____ Date _____