# **Department of Mental Health**

# **Notification of Remote DMH Med Aide Coursework and Class Roster**

|  |  |
| --- | --- |
| **Instructor Name (print):** Click or tap here to enter text. | |
| **Nurse’s License #:** Click or tap here to enter text. | **Contact #:** Click or tap here to enter text. |
| **DHSS Certified Instructor Certificate ID:** Click or tap here to enter text. | |
| **Email Address:** Click or tap here to enter text. | |

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| --- | --- | --- | --- | --- | --- |
| **Submit Remote Class(s) Date(s) & Hours:** | | | | | |
| **Session # 1** | **Dates** | Click or tap here to enter text. | **Session # 3** | **Dates** | Click or tap here to enter text. |
|  | **Hours** | Click or tap here to enter text. |  | **Hours** | Click or tap here to enter text. |
| **Session # 2** | **Dates** | Click or tap here to enter text. | **Session # 4** | **Dates** | Click or tap here to enter text. |
|  | **Hours** | Click or tap here to enter text. |  | **Hours** | Click or tap here to enter text. |

**Student Roster:**

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| **Student Name** | **Student Social Security #** | **Contact Number** | **Student Employer Name** |
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Nurse Instructor Signature: Click or tap here to enter text. Date: Click or tap to enter a date.