



# CERTIFIED MEDICATION AIDE UPDATE – Summer 2014 Schedule

DATE:	LOCATION	TIME	COURSE NUMBER	KDADS
May 5 & 6 .....	Mulvane .....	8 am – 2 pm .....	NCH 6201 MU02 133S	
June 21 .....	Winfield .....	8 am – 7 pm .....	NCH 6201 WF01 134S	(39045)
July 16 & 17 .....	Mulvane .....	8 am – 2 PM .....	NCH 6201 MU01 134S	(39053)

Cowley College reserves the right to change the instructors, date, time, or cancel classes if enrollment is low. Fees are refunded only if the class must be cancelled by Cowley College.

**Class Locations:** Online: Students must complete 10 hours of online content in the timeframe provided.  
Mulvane: 430 E. Main; Room – MW102  
Winfield: 1406 E. 8<sup>th</sup>; Room 102

**CEU Hours:** 10 CEU credits are awarded upon completion of the course. CMAs **must** complete a renewal application form, which includes their CMA certificate ID and social security card number on the first day of class to be allowed to complete the course, per KDADS guidelines. CMA certificate cannot be expired **more than 1 year** to be eligible to take the update class. Students whose certificates are expired more than one year are required to retake the class. Refunds will not be given for any student whose certificate has expired over 1 year, and begin the class.

**Cost of class:** \$120 cash, credit/debit card or money order payable to Cowley College. Fee must be received upon enrollment. Enrollment and payment must be made prior to the first day of class. KDADS fee is included in the class cost.

**Submit form and fee to one of these locations (online payment is also available):**

Cowley College Business Office 125 South Second Arkansas City, KS 67005	Cowley College Eastside Center 4900 E. Pawnee, Suite 106 Wichita, KS 67218	Cowley College Westside Center 8815 West 13 <sup>th</sup> , Suite 160 Wichita, KS 67205	Cowley College Bloomenshine 430 E. Main Mulvane, KS 67110
--	---	--	--

**Online:** Fax registration form- 620-229-5989 / Make payment online- [www.cowley.edu/admissions/ecashierpayment.html](http://www.cowley.edu/admissions/ecashierpayment.html)

Date of Course: \_\_\_\_\_ Course ID: \_\_\_\_\_  
 CMA Number: \_\_\_\_\_ CMA Expiration Date: \_\_\_\_\_  
 (one is required): Social Security #: \_\_\_\_\_ or Cowley ID \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name (required) \_\_\_\_\_

Other Last Names Used \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**COWLEY ENROLLMENT SPECIALIST / ADVISOR USE ONLY: (fax form to Allied Health: 620-229-5989)**

- |   |   |
|---|---|
| <input type="checkbox"/> Advisor enrolled student in course (faxed to AH)   | <input type="checkbox"/> Payment made at enrollment center  |
| <input type="checkbox"/> Not enrolled - registration faxed to Allied Health | <input type="checkbox"/> Payment made online (date : _____) |