



Certified Medicine Aide Verification
(Course: HCE-154)
Hagerstown Community College

Course candidate's full name: _____

Candidate's phone number: _____

Course date requesting: _____

I verify that the above named CMA course candidate has:

1. Current employment and two (2) full time work experience as a CNA in a facility licensed under 42CFR Part 483 et. seq. (e.g. an ICF/MR such as Rosewood)

OR

Current Employment and one (1) year full time work experience as a GNA in a facility licensed by Maryland under COMCAR 10.07.02 (e.g. a licensed nursing home)

2. Be recommended for the CMA Training Program by the Director of Nursing of the employing ICF/MR or licensed nursing home. Please attach recommendation to this sheet.

Signature of Employer Representative

Date

Printed Name and Title

Phone Number

Name of Facility

This signature verifies that the CMA candidate listed above meets the program requirements outlined on this verification form.

For HCC Official Use Only
Candidate's Student ID #:

Return by
Faxing this completed form to:
HCC Allied Health Program Manager
1-301-393-3685 (fax)

Please note: Submission of the CMA verification form to HCC by the candidate's employer is required for enrollment in the CMA course.

When this form is returned and the candidate is approved to enroll registration may be made via phone by calling 240-500-2236.
