

CHECKLIST AND INSTRUCTIONS FOR MEDICATION AIDE REINSTATEMENT

To avoid delays in the processing of this APPLICATION FOR REGISTRATION AS A MEDICATION AIDE BY REINSTATEMENT, follow the instructions carefully before submitting this application. It is important to complete all requirements and send in all required supporting documents as listed below.

AN INDIVIDUAL WHOSE REGISTRATION HAS LAPSED FOR MORE THAN ONE YEAR SHALL COMPLETE:

- ☐ **APPLICATION** – This application will not be considered until all sections have been completed, including the certification. The applicant may need to submit supporting documentation regarding responses to the licensure questions. This application must be returned to the board by mail. **Faxed, scanned or photocopied applications are not accepted.**
- ☐ **APPLICATION FEE** – All fees are non-refundable. The fee for application by reinstatement is \$90.00. Make a check or money order payable to the Treasurer of Virginia, and mail it with your application. The application will not be reviewed or considered until payment is submitted.
- ☐ **CONTINUING EDUCATION** – Submit evidence of completion of all required continuing education for the period since the last renewal (4-hour population specific medication aide training for each year in which the registration has lapsed or a 4-hour or 8-hour refresher course).
- ☐ **ATTESTATION** – Attest that there are no grounds for denial of registration as specified in §54.1-3007 of the Code of Virginia.
- ☐ **STATE EXAMINATION** – Pursuant to 18VAC90-60-100 of the Regulations Governing the Registration of Medication Aides, an individual whose registration has lapsed for more than one year shall retake and pass the Virginia Medication Aide Competency Examination. Once the application is complete and has been approved the applicant will receive information and registration materials regarding the state examination.
- ☐ **SUPPORTING DOCUMENTS (IF APPLICABLE)** –
 - ☐ **Detailed explanation of conviction(s)** – Detailed explanation should describe the circumstances that caused each conviction; what happened, when it happened, why it happened, and what you have done or are doing to ensure these incidents will not happen again. To avoid delays this information should be included with the application.
 - ☐ **Certified Court Order(s)** – To avoid delays, contact the court(s) and request a certified copy of the conviction record(s) from the appropriate court clerk's office (either the arrest warrant with the back filled out by the judge (misdemeanor) or the final Sentencing Order if it were a felony for conviction. If the Sentencing Agreement makes mention of a pre-hearing or probationary report, that report must also be included. Certified documents must be **emailed/mailed** to the Virginia Board of Nursing, Attention Medication Aide. **Photocopied or faxed court orders are not accepted.** If court records are no longer available, contact the court(s) and request a certified statement that your records are no longer available. Certified statement must be **emailed/mailed** to the Virginia Board of Nursing.
 - ☐ **Proof all court ordered requirements have been met** (for example: payment of fines/fees/restitutions/status of an approved payment plan, completion of community service, completion of any treatment programs, and status of probation).
 - ☐ **Name Change Document** – If any of your documentation or supporting documentation (i.e. certificates, supporting documents, court documents) are in a different name from the name provided on your application, include a copy of the legal document that changed your name to the Virginia Board of Nursing, Attention Medication Aide. (Acceptable forms are marriage certificate, divorce decree, certificate of naturalization or court order).

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. Any person administering medications in an assisted living facility during the time a registration has lapsed shall be considered an illegal practitioner and shall be subject to prosecution under the provisions of §54.1-3008 of the Code of Virginia.
2. Applications received without the required processing fee will be returned to the sender.
3. Faxed or photocopied documents will not be accepted; only original documents will be accepted.
4. Applications are processed in the order received and may take 30 business days to review/complete from the initial application date. Board staff will contact you if any additional information is needed. Please allow time (30 business days) for a thorough review of all your application documentation before contacting the Board, as it may slow down the review process of your application.
5. Applications will remain on file with the board for one year from the date of receipt. If, at the end of one year, licensure/certification/registration is not issued, the applicant must reapply in accordance with the requirements of the Regulations.

COMPLETED APPLICATIONS AND SUPPORTING DOCUMENTATION SHOULD BE EMAILED/MAILED TO:

ATTN: Medication Aide

Virginia Board of Nursing

9960 Mayland Drive, Suite 300

Henrico, VA 23233

Email: medicationaide@dhp.virginia.gov.

End of Instructions

Revised January 23, 2026