



## **Certified Medication Technician Letter of Recommendation**

### **SECTION A**

To be completed by the Administrator or Director of Nursing at the LTC Facility:

CMT APPLICANT'S NAME: (PRINT) \_\_\_\_\_

**Please check one of the following box below:**

☐

**Currently employed**

I certify the individual named above is currently employed and in good standing at the facility listed below, where they have a minimum of 6 months' experience working as a Certified Nurse Assistant.

**\*\*I hereby agree to provide 4 hours of observation, under the supervision of a currently licensed CMT, at the named place of employment, for the above-named applicant to facilitate completion of the CMT Program at St. Charles Community College. Students must complete the 4 hours of shadowing, in order to pass the course. Students will not be placed for shadowing by the college.**

DON/ADMINISTRATOR'S NAME: (PRINT) \_\_\_\_\_

DON/ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF LTC FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_

**Please submit form to:**

Student must submit document to thier Canvas CMT New Student Preparation Course. Once tuition is paid, student will receive information on how to access their Canvas CMT New Student Preparation Course.