



How to Submit a Medication Assistant Reciprocity Application



How to Submit a Reciprocity Application

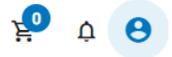
Step 1 – Select Reciprocity Request Button

STEP 1

Select “Medication Assistant Reciprocity Request” button on the Registry page



Candidate Id : 2000041



- Dashboard
- Application
- Exam Schedule
- Grievance Form
- Excused Absence
- Manage Profile
- Registry**

Registration

Home / Registration

Registration

Requests

Nurse Aide Reciprocity Request

Medication Assistant Reciprocity Request



Please complete your exam
from Exam Schedule section to
reclieve a Certificate.

How to Submit a Reciprocity Application

Step 2 – Complete Reciprocity Application

STEP 2

Click on each section to enter the required information and upload current license from home state

Registration Reciprocity Form
Home / Registration / Reciprocity Form

South Carolina Medication Assistant Reciprocity Application

SECTION 1 MEDICATION ASSISTANT CERTIFICATE INFORMATION

1) **Certification State:**
Please select your Medication Assistant certification state.
Please select state
North Carolina

2) **Certification Number:**
Enter your Medication Assistant certification number.
6343346

3) **Certificate Issue Date:**
Enter your Medication Assistant certification issue date.
Select Date
01/04/2023

4) **Certificate Expiration Date:**
Enter your Medication Assistant certification expiration date.
Select Date
07/29/2023

5) Please upload a copy of your current Medication Assistant license from home state:

Cancel Save as Draft Add to Cart

Section name turns green after completion

Click each section to complete application

Application Progress

- MEDICATION ASSISTANT CERTIFICATE INFORMATION
- MEDICATION ASSISTANT PROGRAM INFORMATION/EMPLOYMENT
- PREVIOUS SOUTH CAROLINA MEDICATION ASSISTANT CERTIFICATE
- CRIMINAL CONVICTIONS
- SUBSTANTIATED FINDINGS OF ABUSE
- APPLICATION AFFIDAVIT

How to Submit a Reciprocity Application

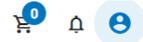
Step 3 – Submit Application

STEP 3

When you have completed all sections, click on the “Add to Cart” button



Candidate Id : 2000041



- Dashboard
- Application
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- Manage Profile
- Registry**

Registration Reciprocity Form

Home / Registration / Reciprocity Form

Cancel Save as Draft **Add to Cart**

South Carolina Medication Assistant Reciprocity Application

SECTION 1 MEDICATION ASSISTANT CERTIFICATE INFORMATION

SECTION 2 MEDICATION ASSISTANT PROGRAM INFORMATION/EMPLOYMENT

SECTION 3 PREVIOUS SOUTH CAROLINA MEDICATION ASSISTANT CERTIFICATE

SECTION 4 CRIMINAL CONVICTIONS

SECTION 5 SUBSTANTIATED FINDINGS OF ABUSE

SECTION 6 APPLICATION AFFADAVIT

I understand I am responsible for confirming all of the information provided in this application is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status as a Medication Assistant, and I could be prosecuted by the State of South Carolina.

I agree to the above stated affidavit

Candidate Signature (type your full legal name):

Lisa Simpson

Date:

Select Date
07/25/2023

Application Progress

- MEDICATION ASSISTANT CERTIFICATE INFORMATION
- MEDICATION ASSISTANT PROGRAM INFORMATION/EMPLOYMENT
- PREVIOUS SOUTH CAROLINA MEDICATION ASSISTANT CERTIFICATE
- CRIMINAL CONVICTIONS
- SUBSTANTIATED FINDINGS OF ABUSE
- APPLICATION AFFADAVIT

How to Submit a Reciprocity Application

Step 4 – Make Payment

STEP 4

1. Enter the credit/debit card information you want to use for payment, OR
2. Enter voucher number and click “apply code” if you were supplied with a voucher number
3. Select the “Pay” button

Payment

[Home](#) / [Exam Schedule](#) / [Register For Exam](#) / [Payment](#)

Payment

[Credits/Debit Cards](#)

Enter Card Number

Enter Card Name

YYYY/MM CVV

Cancel Pay

Payment Summary

Medication Assistant Reciprocity Fee	\$35	
ExamMode	Exam Date	Exam Time
	12/31/0001	11:59 PM

Enter the promo code [Apply Code](#)

Total	\$35
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How to Submit a Reciprocity Application

Checking Your Application Status

Credentia
CNA365®

- Dashboard
- Application
- Exam Schedule
- Grievance Form
- Excused Absence
- Manage Profile
- Registry**

Registration
Home / Registration

Registration | **Requests**

MACE-Registration Reciprocity

Current Status

Pending
25th July, 2023 / 10:37 AM

[View Form](#)

Click "View Form" to see status of application

Registration Reciprocity Form
Home / Registration / Duplicate Registration Form

South Carolina Medication Assistant Reciprocity Application

SECTION 1 MEDICATION ASSISTANT CERTIFICATE INFORMATION

1) Certification State:
Please select your Medication Assistant certification state.
Please select state
North Carolina

2) Certification Number:
Enter your Medication Assistant certification number.
646664564

3) Certificate Issue Date:
Enter your Medication Assistant certification issue date.

Withdraw Application

Application Progress

Registration Reciprocity Process

- Candidate
Drafted
25 Jul, 2023 | 10:01 AM
Drafted
- Candidate
Submitted
25 Jul, 2023 | 10:37 AM
Submitted for approval...
- Credentia Operation Staff
Pending
25 Jul, 2023 | 10:37 AM
Pending for approval...

Detailed log of your application review process

You will receive a CNA365® alert email once your reciprocity application has been approved