

Jim Doyle
Governor

Karen E. Timberlake
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

1 WEST WILSON STREET
P O BOX 2969
MADISON WI 53701-2969

Telephone: 608-266-8481
FAX: 608-267-0352
TTY: 888-241-9432
dhs.wisconsin.gov

Dear Challenge Exam Applicant,

This letter is in response to your request to be a 100-hour Skilled Nursing Medication Aide in Wisconsin.

Attached you will find an application form. Please fill out the Application Information on the top half of the form and also sign the release statement at the bottom. Send your application and supporting materials to:

Doug Englebert
DQA
1 West Wilson St.
P.O.Box 2969
Madison, WI 53701-2969.
Or Fax to 608-267-7119

Your application will be reviewed and you will be contacted regarding the results of that review. If you meet the course requirements for Wisconsin you will be required to take a written exam. The written exam is 100-150 questions of multiple choice, fill in the blank, true/false and matching. It is recommended that you review prior to taking the test. The textbook that is used for the course is "Medication Administration", Donna Gauwitz 4th, 5th or 6th edition.

If you have any further questions please contact me at 608-266-5388.

Sincerely,

Doug Englebert, R.Ph.