



Credentia

NURSE AIDE CREDENTIALING SERVICES

Voucher Order Form (South Carolina Medication Aide)

Program Name / Number: _____
Date of Voucher Request: _____
Email Address for Invoice: _____
Credentia Email Username: _____
(Vouchers will be added to this account for assignment to candidates)

Voucher/Exam Type	Exam Fee	Quantity	Amount
Medication Aide Exam	\$80.00		
		Total:	

Directions: Email completed Voucher Order Form and a purchase order for the total dollar amount of requested vouchers to vouchers@credentia.com. An invoice will be created and sent to the email address provided above.

Please Note: Credentia fulfills voucher orders made by purchase order upon receipt of check or ACH payment. (For immediate access to vouchers, purchase through the Credentia Platform using debit or credit.) Purchased vouchers will be added to the requester's Credentia account for assignment to candidates. Voucher purchases are non-refundable. Vouchers expire one year after added to requester's Credentia account.

Payment Information: Make checks payable to Credentia Nurse Aide LLC.

Address for Checks: Credentia Nurse Aide LLC
1025 Greenwood Blvd.
Suite 401 Lake Mary
Florida 32746