



Advanced CMA Training Program
Diabetes and Administration of Diabetes Medication

Program Registration Information

Class Dates - 1st quarter schedule:

January 14 & 15, 2010

March 4 & 5, 2010

Registration Deadline: 5 days before class date

Time: Registration 8:30 a.m. until 8:55 a.m.
Class 9:00 a.m. until 4:00 p.m.

Location: OAHCP (Oklahoma Association of Health Care Providers)
200 N.E. 28th Street
Oklahoma City, OK 73105
(OAHCP office is not handicap accessible)

Cost: \$165.00 per member facility participant
\$195.00 per non-member facility participant

Payment must be received BEFORE class date, no personal checks. Cancellations received before 10 days of class date will receive full refund; cancellations received within 10 days of class date will receive credit minus \$30 (member) or \$40 (non-member) cancellation fee. Cancellations **MUST BE FAXED** to 405-524-8354. Substitutions may be made with proper paperwork prior to class.

General Information: The Oklahoma Association of Health Care Providers (OAHCP) is offering the Certified Medication Aide (CMA) - **Advanced Training Program** on “**Diabetes and Administration of Diabetes Medications**” which has been approved via the Oklahoma State Department of Health (OSDH). The program includes training and demonstration on finger stick blood sugars (glucose monitoring) and the administration of insulin injections according to requirements specified by the Oklahoma State Department of Health.

CEU's:

This program is approved for eight (8) hours of continuing education for Oklahoma Certified Medication Aides by the Oklahoma Nurse Aide Registry.

Program Hours:

This advanced CMA training program is a 16-hour program; 12-hours of classroom and 4-hours of supervised practical training and skills testing at your facility.

Competency Examination:

Upon completion of this program (i.e. classroom, lab, didactic written test, clinical training and skill tests), the participant is required to pass, (80%), a written exam via a state approved testing entity. **The state required written exam for insulin administration may only be administered by a state approved testing entity. There is an additional fee for the state required written exam. Cost for testing varies depending on testing entity policy. Contact testing entities for pricing and scheduling. (See page two (2) for testing information).**

Classroom and Laboratory Training:

Participants will complete two days, (12 hours), classroom and lab training, which includes: instruction, practicing & demonstrating skill and passing, (90%), the written didactic test. This is not the state written test required by OSDH.

Supervised Practical Training and Skills Demonstration:

To complete the course – Your CMA will return to your facility to practice and demonstrate competence on residents under the supervision of your approved clinical instructor.

Upon registration of your CMA to this program your facility must designate a qualified individual willing to serve as your clinical instructor and complete an instructor qualification form. You will also be asked to complete a clinical facility form.

OAHCP will obtain approval from the Oklahoma State Department of Health for your clinical instructor and site. Your facility will then be an approved clinical site and your instructor will be approved to perform supervised practical training and clinical skill exams for the Oklahoma Association of Health Care Providers program.

Your designated clinical instructor must agree to spend 4-hours providing practical training and have the trainee demonstrate at 100% proficiency the following skills. **The skill list/forms will be provided.**

1. Finger Stick Blood Sugar Testing (Blood Glucose Monitoring);
2. Insulin Preparation;
3. Insulin Administration; and
4. Mixing Insulin's.

Instructor Qualifications:

Instructors must be qualified as a physician, licensed nurse, pharmacist, respiratory therapist, speech therapist or a diabetic educator. Each instructor shall have one-year experience in her or his area of expertise. The program shall designate a registered nurse as the supervisor if a licensed nurse serves as an instructor.

Training Verification Form:

Clinical instructors should complete the four-hours of practical training and skill testing **within two weeks** after classroom training, (i.e., exceptions will be considered on a case by case basis). Once completed, the skill tests must be returned to the Oklahoma Association of Health Care Providers.

When program completeness has been verified by OAHCP instructor, a “Training Verification Form”, “CEU Certificate”, OSDH Affidavit of Lawful Presence Form” and “OSH 504 Form” will be returned to the clinical instructor to present to the CMA participant AND testing entity to verify eligibility to test.

Written Examination: The state required written exam for insulin administration may only be administered by a state approved testing entity. There is an additional fee for the state required written exam. Cost of testing varies depending on test entity policy. Contact testing entities for pricing and scheduling.

You must provide the “OAHCP Training Verification Form, OSDH Affidavit of Lawful Presence Form and ODH 504 Form” to the testing entity as proof of eligibility to test. There are two approved testing entities to choose from:

1. Health Certification Project, Oklahoma Department of Career Tech:

Contact the “Health Certification Test Site Coordinator” at your local Department of Career Tech for pricing and scheduling test administration; and

2. Headmaster LLP:

Contact at 800-393-8664 to make arrangements for Web based computer testing at your facility. At least one Internet connected computer will be needed. At least one designated written test proctor from your facility will need to be certified to proctor the WEBETEST© prior to any test candidates sitting for the written test. The proctor certification is accomplished on-line in about twenty minutes. Candidates may also be registered securely to test on-line by an OAHCP approved instructor or designated RN supervisor.

Successful Completion of the Written Exam:

Upon successful completion of the written examination participants will be notified by the testing entity and provided with the necessary information to submit to the OSDH Nurse Aide Registry for placement on the registry, if desired. However, facilities must keep copies of the training and testing verification forms and/or CMA certification card, if obtained, for glucose monitoring/insulin administration in the facility records, **before** the CMA may perform these skills.

Failure of the Written Exam:

Each participant has 3 opportunities to pass the written exam before having to complete another training program.

If a participant has successfully completed the program but fails the written competency examination, OSDH states they are allowed to perform finger stick blood sugars (glucose monitoring), but may **NOT** prepare or administer insulin.

In this situation, copies of the training verification form must be kept in the facility records. The training verification form and OSH 504 Form may be submitted to the nurse aide registry for placement on the registry and receipt of an advanced CMA certification (certificate) for glucose monitoring only. Advanced CMA certification (s) are not required to be listed on the Oklahoma Nurse Aide Registry, but is recommended.

Lodging:

Room reservations are the responsibility of each individual. Hotels listed are for your convenience.

- Best Western Broadway Inn and Suites – 6101 North Santa Fe Ave. – OKC - 405-848-1919 (mention OAHCP for discounted rate)
- Holiday Inn Hotel and Suites – 6200 N. Robinson – OKC - 405-843-5558 (mention OAHCP for discounted rate)



REGISTRATION FORM

Advanced CMA Training Program (Diabetes and Administration of Diabetes Medication)

Circle class session wanting to attend: (must attend both days)

January 14 & 15, 2010

(OAHCP Office - OKC)

March 4 & 5, 2010

(OAHCP Office - OKC)

Cost: \$165.00 per member facility participant

\$195.00 per non-member facility participant

Please print:

1. Name of Certified Medication Aide Participant: _____
2. **Attach a Copy of Current Certified Medication Aide Card:** CMA #: _____
3. Expiration date of Certified Nurse Aide Certification (i.e., long term care, home health aide, developmentally disabled care aide): ____/____/____
4. Name of Facility: _____
5. Facility Mailing Address: _____
6. City: _____ State: _____ Zip: _____
7. Nursing Facility Phone #: (____) _____ FAX: _____
8. Facility Designated Clinical Instructor: _____
 - a. Complete the Instructor Qualifications Form (**Attachment #1**).
 - b. If you are an LPN, an RN must sign the instructor qualification form as your RN supervisor, and
 - c. Attach copy of instructor's license.

Please be sure to submit the following with this completed registration form by the registration deadline date. We must have all the information on the registration form and attachments for program approval:

1. Designate a facility instructor, complete the instructor qualifications form **Attachment # 1**, and attach copy of license,
2. Attach a COPY of the Certified Medication Aides' certification card,
3. Completed clinical sites form (**Attachment #2**), and
4. Company Check or Money Order.

FOR CREDIT CARD PAYMENT COMPLETE ATTACHED PAGE

Payment must be received BEFORE class date, no personal checks. Cancellations received before 10 days of class date will receive full refund; cancellations received within 10 days of class date will receive credit minus \$30 (member) or \$40 (non-member) cancellation fee. Cancellations MUST BE FAXED to 405-524-8354. Substitutions may be made with proper paperwork prior to class.

Mail or Fax Registration Form to: OAHCP 200 N.E. 28th Street Okla. City, OK 73105
Telephone: 405-524-8338 Fax: 405-524-8354 Website: www.oahcp.org

Payment Information

Please check one of the following:

___ Check/ money order enclosed

___ Credit card (complete below)

___ Check/ money order in the mail

Credit Card Information

Facility name: _____

Individual name: _____

MasterCard _____ Visa _____ AMEX _____ Discover _____

Amount to be charged \$_____

Card # _____ Expiration date: _____

Cardholder name: _____

Signature: _____

For Office Use Only

Date: _____

Approval code: _____

Class number: _____

Initials: _____

INSTRUCTOR QUALIFICATION FORM

Attachment 1

**OAHCP CMA Glucose Monitoring and Insulin Administration
Training Program**

Facility / Entity Name	Address	City	State	Zip
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Instructors shall be qualified as a physician, licensed nurse, pharmacist, respiratory therapist, speech therapist, or certified diabetes educator who may teach within her or his area of expertise or scope of practice. Each instructor shall have one year of experience in her or his area of expertise. The program shall designate a registered nurse as the training program supervisor if a licensed practical nurse serves as an instructor.

You may copy this form if you have more than three instructors.

Instructor Name: _____

Indicate Number of Years' experience in area of expertise or scope of practice: _____

Name and location of facility/entity where experience obtained: _____

Instructor Name: _____

Indicate Number of Years' experience in area of expertise or scope of practice: _____

Name and location of facility/entity where experience obtained: _____

Instructor Name: _____

Indicate Number of Years' experience in area of expertise or scope of practice: _____

Name and location of facility/entity where experience obtained: _____

RN Supervisor: _____

(Only needed if LPN is instructing)

PLEASE ATTACH A COPY OF LICENSE ON ALL INSTRUCTORS AND SUPERVISORS.

CLINICAL SITES

Please check type of program.

- CMA – Glucose Monitoring Training
- CMA – Glucose Monitoring and Insulin Administration Training
- CMA – Nasogastric/Gastrostomy/Oral Metered Dose Inhaler/Nebulizer Training

Facility: _____

City/State/Zip: _____

Contact Person _____ Telephone #(____) _____

Clinical Site/ Facility Name	City	State	Zip	Telephone
1. <u>Contact Person:</u>				
2. <u>Contact Person:</u>				
3. <u>Contact Person:</u>				
4. <u>Contact Person:</u>				
5. <u>Contact Person:</u>				
6. <u>Contact Person:</u>				

Comments _____

