



Oklahoma Association of Health Care Providers CMA Training Program

General Information

The Oklahoma Association of Health Care Providers (OAHCP) Certified Medication Aide (CMA) Training Program is a fifty-seven and a half (57.5) hour program, 25.5 hours classroom and 32 hours clinical training and is approved by the Oklahoma State Department of Health.

The training program's purpose is to: 1) prepare certified nurse aides (CNAs) to pass the certified medication aide (CMA) certification exam; 2) to prepare the certified nurse aide to be qualified to be listed on the Oklahoma Nurse Aide Registry as a certified medication aide and 3) prepare the certified nurse aide to perform the duties of a certified medication aide in sittings approved via the Oklahoma State Department of Health.

Qualifications for admission to this program include: 1) to be able to read, write, and speak English, 2) current listing in good standing on the Oklahoma Nurse Aide Registry as a long term care (LTC), home health (HH) or developmentally disabled care (DD) aide; 3) minimum age of eighteen (18); 4) minimum of a high school or general equivalency diploma (GED); 5) experience working as a CNA for at least six (6) months; and 6) physically and mentally capable to safely perform the duties of a CMA.

Competency testing is required upon successful completion of this program. The trainee is required to pass (70%) the state approved written examination offered via a state approved testing entity. Upon completion of the training program trainees will be given the forms and information needed to schedule an appointment to test at the career tech test site of their choice. **There is an additional cost for this written examination.**

Classroom and Clinical Training -Trainees will attend two days of classroom training, day one and day two, then return to the facility to complete sixteen (16) hours of clinical training. Approximately twelve days later, the trainee will return for the last two days of classroom training, day three and four; and then the trainee returns to the facility for the final sixteen (16) hours of clinical training and the final drug pass.

Final drug pass -After completion of classroom and clinical training, the trainee must pass medications to 20 consecutive individuals with 100% accuracy while under the direct supervision of the approved clinical instructor. (This medication pass is done AFTER all classroom and clinical training are completed). This pass is the final medication pass test to assure the trainee performs the medication pass proficiently and must be completed at 100% accuracy prior to taking the written exam.

If the trainee does not perform the drug pass at 100% proficient the first time, the pass can be performed up to three (3) times. If not performed at 100% proficiency by the third time, the trainee has failed the program and may not sit for the written exam.

Clinical Instructors and Site - Each registrant to the CMA training program must be sponsored by a licensed long term care, developmentally disabled, assisted living or residential care facility. Upon registration of a CNA to this program, a facility must:

1. Complete a "Clinical Site Request Form", to request approval of the facility as the clinical site for the trainee; and
2. Complete an "Instructor Qualification Form", to designate a qualified individual willing to serve as the clinical instructor for the trainee. This individual will be the clinical instructor during the thirty-two (32) hours of clinical training and will administer the final drug pass.

Instructor Qualifications -Instructors must be a physician, licensed nurse or pharmacist and have at least one year's experience in their area of expertise. If an LPN serves as instructor, an RN must be designated as the training program supervisor.

Clinical Completion Time Frame - All clinical hours and the final drug pass should be completed and all forms returned to OAHCP within thirty (30) days of the last day of classroom work.

Once successful program completeness is verified via OAHCP, the necessary testing verification forms, instructions and test site locations and contacts will be returned to the clinical instructor. Arrangements must be made by the facility/trainee/clinical instructor to sit for the written examination.

Written Examination -The state required exam for CMA certification may only be administered by a state approved testing entity. **There is an additional fee for the state required written exam.** Each trainee has three (3) opportunities to pass the written exam before having to complete another training program.

Upon passing the written exam, the testing entity will notify the trainee and Oklahoma State Department of Health (OSDH) Nurse Aide Registry for listing on the registry. The OSDH Nurse Aide Registry will mail the CMA certification card to the new CMA.

DATES and LOCATIONS:

January 11, 12, 25 & 26 - OKC - Oklahoma Assn. of Health Care Providers office
200 N.E. 28th Street - Oklahoma City, OK 73105

February 8, 9, 22 & 23 - Sapulpa - Freddie's Event Center
Next door to Freddie's Bar-B-Q and Steakhouse
1425 New Sapulpa Road (Route 66) - Sapulpa, OK 74067

May 3, 4, 17 & 18 - Ardmore - Southern Oklahoma Technology Center
2610 Sam Noble Parkway - Ardmore, OK 73401

June 14, 15, 28 & 29 - Sapulpa - Freddie's Event Center
Next door to Freddie's Bar-B-Q and Steakhouse
1425 New Sapulpa Road (Route 66) - Sapulpa, OK 74067

September 13, 14, 27 & 28 - Ardmore - Southern Oklahoma Technology Center
2610 Sam Noble Parkway - Ardmore, OK 73401

November 1, 2, 15, & 16 - OKC - Metro Tech Business Conference Center
1900 Springlake Drive - OKC, OK 73111

TIME: **8:30 - 4:00**
Check-in 8:00 to 8:30 a.m.
NO ADMITTANCE AFTER 9:00 a.m.

COST: **\$260.00 per Member Facility Participant**
\$310.00 per Non-Member Facility Participant
Includes Course Materials & Lunches

COURSE APPROVAL: **Oklahoma State Department of Health**

COST/CANCELLATION: Payment must be received before the first day of class. This can be paid by company check, credit card or money order; we do not accept personal checks. **Registration and payment deadline is 5 business days BEFORE** first class date. **Cancellations received before 10 days of class date will receive a full refund; cancellations received within 10 days of class date will receive credit minus \$60 (member) or \$70 (non-member) cancellation fee. Cancellations MUST BE FAXED to 405-524-8354. Substitutions may be made with proper paperwork prior to class. WALK-INS WILL NOT BE ALLOWED.**

REGISTRATION CONFIRMATION WILL BE EMAILED TO EMAIL ADDRESS PROVIDED.

NOTE: This course does not include the “Advanced Training” for care of diabetes, administration of medications and nutrition via nasogastric and gastrostomy tubes, or for administration of oral metered dose inhalers and nebulizers because state rules require an individual to be certified as a Medication Aide prior to completion of advanced CMA training. These “Advanced Training Programs” are offered by the OAHCP – visit our website at www.oahcp.org or contact the association for more information.

LODGING:

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

ARDMORE - Comfort Inn - 2700 W. Broadway - 580-226-1250

ARDMORE - Holiday Inn - 2705 Holiday Drive - 580-223-7130

ARDMORE - Guest Inn - 2519 W. Hwy. 142 - 580-223-1234

OKC - Best Western Broadway Inn and Suites - 6101 North Santa Fe Ave. - 405-848-1919 (mention OAHCP discount)

OKC - Holiday Inn Hotel and Suites - 6200 N. Robinson - 405-843-5558 (mention OAHCP for discount)

SAPULPA - Super 8 Hotel - 1505 New Sapulpa Road - Sapulpa, OK 74066 - 918-227-3300 (located next door to Freddie's Bar-B-Q and Steakhouse)

Participants should bring a sweater or light jacket since room temperatures are often difficult to control.

**CLASS CHECK-IN 8:00 A.M. - CLASS CONDUCTED 8:30 A.M. TO 4:00 P.M.
NO ONE ALLOWED IN CLASS AFTER 9:00 A.M.**

Oklahoma Association of Health Care Providers

CERTIFIED MEDICATION AIDE CERTIFICATION COURSE

2010 REGISTRATION FORM

Please copy if additional forms are needed.

Please circle which class you plan to attend:

January 11, 12, 25, 26 - OKC February 8, 9, 22, 23 - Sapulpa

May 3, 4, 17, 18 - Ardmore June 14, 15, 28, 29 - Sapulpa

September 13, 14, 27, 28 - Ardmore November 1, 2, 15, 16 - OKC

NURSE AIDE (PRINT NAME): _____

NURSE AIDE CERTIFICATION #: _____

NURSING FACILITY: _____ CITY: _____

NURSING FACILITY PHONE #: (____) _____ FAX #: _____

E-MAIL ADDRESS (to confirm instructor/site/registration approval): _____

****Designated Clinical Instructor and Title: (RN, LPN, D.Ph.)** _____
(PRINT)

****Please mail Registration form, Attestation form, Instructor qualification form & license, Clinical site request form and a **COPY** of the candidates' current (not expired) nurse aide card with \$260.00 per member facility participant or \$310.00 per non-member facility participant to:**

*Oklahoma Association of Health Care Providers - 200 N.E. 28th Street - Oklahoma City, OK 73105
(405) 524-8338 / Fax: (405) 524-8354*

FOR CREDIT CARD PAYMENT COMPLETE ATTACHED PAGE

CLASS TIME: 8:30 a.m. – 4:00 p.m.

NO ADMITTANCE AFTER 9:00 A.M.

Forms that MUST accompany registration and payment:

Copy of CNA card, Signed attestation form, Instructor qualification form & license, and Clinical site request form.

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: _____

Attestation for Certification as a Medication Aide

The Oklahoma Administrative Code at Title 310:677-13-8 sets the following prerequisites for certification as a medication aide: As a **candidate** of the Certified Medication Aide certification course conducted by the Oklahoma Association of Health Care Providers, I do attest that the following statements are true to the best of my knowledge.

- (1) **Minimum age of 18**
- (2) **Minimum education: high school or general equivalency diploma (GED)**
- (3) **Current Oklahoma nurse aide certification with no abuse notations**
- (4) **Experience working as a certified nurse aide for six months**
- (5) **Physical and mental capability to safely perform duties**

Please be certain that the information above is correct. The Oklahoma State Department of Health may deny, suspend, withdraw or not renew the certification of a medication aide who intentionally provides false or misleading information to a training program, a facility, or the Oklahoma State Department of Health.

Note: If the answer to any of the questions above is "NO" this applicant is not qualified for certification as a medication aide.

By my signature below, I certify that the foregoing is true, correct and complete to the best of my knowledge and belief.

Candidates Signature: _____

Print Name: _____ **Date of Signature:** _____

Nurse Aide Certification #: _____

FACILITY ADMINISTRATOR:

As the **Administrator** of the sponsoring facility, I do attest that the above statements are true to the best of my knowledge and have contacted the Nurse Aide Registry at (800-695-2157 or 405-271-4085) to verify that there are no records of abuse on the applicant's record.

Administrator's Signature: _____

Print Name: _____ **Date of Signature:** _____

Forms that MUST accompany registration and payment: Copy of CNA card, Signed attestation form, Instructor qualification form & license, and Clinical site request form. Mail to:

OAHCP
200 N.E. 28th Street Oklahoma City, OK 73105
405-524-8338 PHONE 405-524-8354 FAX

www.oahcp.org

Participant WILL NOT be enrolled into the course until all paperwork mentioned above is received.

Oklahoma Association of Health Care Providers
CMA Training Program

Clinical Site Request Form

Licensed Facility Name: _____

City/State/Zip Code: _____
City State Zip

Contact Person: _____

Phone Number: (____) _____ Fax: (____) _____

E-mail Address: _____

Signature of Administrator:

This form must be signed by the administrator as agreement to use the above named licensed nursing facility for clinical training and the final medication pass evaluation.

My signature verifies that I am the administrator of this licensed facility and I agree that the CNA we are registering for the *"OAHCP CMA Training Program"* may use this facility for CMA clinical training and for the final medication pass evaluation.

Administrator's Signature: _____

Date: _____

Oklahoma Association of Health Care Providers
CMA Training Program

Instructor Qualification Form

Facility Name (if applicable): _____

Facility Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone Number (____) _____ Email Address _____

Instructors shall be qualified as a physician, licensed nurse, pharmacist, respiratory therapist, speech therapist or certified diabetes educator who may teach within their area of expertise and have at least one year's experience in their area of expertise. Other persons from the health professions may supplement the instructor as required by the curriculum and approved by the Department. If an LPN serves as instructor an RN must be designated as the training program supervisor.

Complete the information below for each instructor to approve, i.e. up to three per page. You may copy this page if you have more than three instructors. Please, attach a readable copy of licenses.

Instructor Name: _____ **Qualification:** _____

Years experience in area of expertise: _____ License # _____ *Attach Copy of License.*

Instructor Name: _____ **Qualification:** _____

Years experience in area of expertise: _____ License # _____ *Attach Copy of License.*

Instructor Name: _____ **Qualification:** _____

Years experience in area of expertise: _____ License # _____ *Attach Copy of License.*

IF LPN serves as instructor, an RN must be designated as a supervisor.

RN Supervisor's Name: _____ **License #** _____ *Attach copy of license.*