



Medication Aide Training Program Application

(2016)

MEDICATION AIDE TRAINING PROGRAM APPROVAL PROCESS

All Medication Aide Training Programs (MATP) must be approved by the Board of Nursing (Board) in accordance with Section 4723.66, Ohio Revised Code, and Chapter 4723-27, Ohio Administrative Code (OAC).

Persons seeking Board approval of a MATP must submit to the Board a complete application accompanied by the \$1000.00 fee paid by credit card utilizing the attached credit card authorization form. The Board provides the Medication Aide Training Program application and information through its website: <https://nursing.ohio.gov>.

The Board reviews completed applications at its meetings to determine whether the application's documentation complies with the requirements as established in Chapter 4723-27, OAC. The applicant will be notified in writing concerning the Board's approval of the Medication Aide Training Program following the Board meeting at which it was considered. The Board's approval of a Medication Aide Training Program is valid for two years provided the program continues to meet the requirements set forth in Chapter 4723-27, OAC.

The Ohio Nurse Practice Act and the Administrative Rules adopted thereunder are available in their entirety for review on the Board's web site: www.nursing.ohio.gov under the "Law and Rules" link. A complete application includes submission of the General Information form, \$1000.00 fee and other related documents that demonstrate the applicant program meets the requirements established in Chapter 4723-27, OAC.

The Application Form and Credit Card Authorization Form only must be emailed to fiscal@nursing.ohio.gov

A copy of the completed application form and related documents listed below are to be submitted via the Drop Box method. The instructions to use the Drop Box method are included in this packet. The contents will not be reviewed until a completed application is received and the fee is paid.

A completed application includes:

Section 1. Curriculum. Rule 4723-27-08, OAC.

Complete curriculum plan identifying the following:

- A curriculum plan showing the sequence of courses, laboratory experiences, and the number of clock hours allotted to instruction and laboratory experience related to medication administration
- The program curriculum, aligned with the required content in Rule 4723-27-08(C), OAC. Please use the provided chart below, Location of Curriculum content for Medication Aide Training Program (MATP), a cross-reference to map of the curriculum to and the Rule requirements.
- Program objectives and outcomes, course objectives or outcomes, teaching strategies, and

core competencies or other evaluation methods

- Provide a narrative on how the curriculum and curriculum plan is made available to students in the training program
- A narrative on how didactic and laboratory experiences are provided and where (if different for each cohort during this period of approval, identify each cohort's information)
- A narrative about how students complete didactic and laboratory prior to clinical experiences
- Provide the time frame or schedule of a cohort identifying the minimum of 20 business days and no more than 90 business days for the program.

Section 2. Clinical Information. Rule 4723-27-08(D) and (E), OAC.

- A narrative about how a student shall be under the one-on-one direction and supervision of a nurse while engaged in medication administration
- Medication skills checklist
- Clinical objectives and evaluation tools;
- List of clinical sites to be used by the Program, including contact information, and written agreements between both parties.
- For each nursing home or residential care facility to be used to provide clinical experiences during the last two years, provide, for each, their two most recent annual surveys from the Ohio Department of Health. Rule 4723-27-07(C)(5), OAC.

Section 3. Qualifications. Rule 4723-27-07(C), OAC.

- The name, credentials, resume, and nursing license verification, of the program's registered nurse administrator, and of all individuals to be providing instruction or clinical supervision in the program.
- Identify the role of each individual in the program (i.e., Program Administrator, theory instructor, or clinical instructor)

Section 4. Policies. Rule 4723-27-07(C), OAC.

- Copies of all policies required by Rule 4723-27-07(C), OAC. Submit the actual written policies, not links to policies, nor references to policies.

Section 5. Program Evaluation. Rule 4723-23-07(C)(8), OAC.

- Evaluation process and evaluation tools, which includes program evaluation, for obtaining feedback from students, instructors, and employers of individuals who have successfully completed the medication aide training program.

Section 6. Administration. Rule 4723-27-07, OAC.

- Organizational Chart
- Description of the record-keeping system, including results of a Board approved examination for each student for a period of six years following the date the student enrolled in the program.

The requirements for Medication Aide Training Programs are located in 4723-27, Ohio Administrative Code (OAC), and can be located online at: <http://codes.ohio.gov/oac/4723-27>.

LOCATION OF CURRICULUM CONTENT FOR MEDICATION AIDE TRAINING PROGRAMS (MATP)

<p>Rule 4723-27-08, OAC (A) The approved curriculum for a training program for certified medication aides shall be the standard minimum curriculum set forth in paragraph (C) of this rule, and shall include all of the following: (1) Program objectives and outcomes, course objectives or outcomes, teaching strategies, and core competencies or other evaluation methods that are: (a) Consistent with the law and rules applicable to certified medication aides, as set forth in Chapter 4723. of the Revised Code and this chapter; (b) Internally consistent; (c) Implemented as written; and (d) Made available to students in medication aide training programs; (2) A curriculum plan showing the sequence of courses, laboratory experiences, and the number of clock hours allotted to instruction and laboratory experience related to medication administration; (3) A curriculum content that is a minimum of eighty clock hours of didactic classroom, including laboratory experience, allocated as specified in paragraph (C) of this rule, and an additional forty clock hours of supervised clinical practice; (4) For purposes of paragraph (A)(3) of this rule: (a) During the didactic and laboratory component, students and instructors must be present in the same location, and the instruction must be provided in person rather than exclusively by means of video, audio, computer, multimedia, or electronic communications; (b) Students must satisfactorily complete the didactic and laboratory component prior to participating in the supervised clinical component of the certified medication aide training program.</p>	<p>Identify the course(s) in the curriculum where this content is clearly and explicitly demonstrated or align with the course content stating your topic and the number of hours allotted to the Board’s required content:</p> <p>(Please note that these are minimum required hours stated in bold)</p>
<p>(C) The standard minimum curriculum for certified medication aides shall include courses, content, and expected outcomes, relative to the defined role of the certified medication aide, in the following areas with the minimum number of course hours specified:</p>	

<p>(1) Communication and interpersonal skills, four hours;</p>	
<p>(2) Resident rights related to medication administration, including the right of a resident to refuse medications, one hour;</p>	
<p>(3) The six rights of medication administration, three hours, including: (a) The right person; (b) The right drug; (c) The right dose; (d) The right time; (e) The right route; and (f) The right documentation</p>	
<p>(4) Drug terminology, storage and disposal, four hours, including: (a) Medical terminology, symbols, accepted abbreviations; (b) Dosage measurement; (c) Reference resources; (d) Principles of safe medication storage and disposal;</p>	
<p>(5) Fundamentals of the following body systems, twenty hours, including: (a) Gastrointestinal; (b) Musculoskeletal; (c) Nervous and sensory; (d) Urinary/renal; (e) Cardiovascular; (f) Respiratory; (g) Endocrine; (h) Male and female reproductive; and (i) Integumentary and mucous membranes;</p>	
<p>(6) Basic pharmacology, drug classifications and medications affecting body systems, twelve hours, including: (a) Purposes of various medications; (b) Schedule III, IV, and V controlled substances;</p>	
<p>(7) Safe administration of medications, twenty hours, including: (a) Oral medications; (b) Topical medications; (c) Eye, ear, and nose medications; (d) Vaginal medications; (e) Rectal medications; (f) Oral inhalants; (g) Transdermal medications; (h) Proper resident positioning; (i) Measurement of apical pulse and blood pressure in association with routine medication administration</p>	
<p>(8) Principles of standard precautions including those set forth in Chapter 4723-20 of the Administrative Code, two hours;</p>	

<p>(9) Documentation of medications in residents' clinical records, including as-needed medications, two hours;</p>	
<p>(10) Circumstances in which a certified medication aide should report to, or consult with, a nurse concerning a resident or residents to whom medications are administered, four hours, including:</p> <ul style="list-style-type: none"> (a) The potential need of a resident for the administration of an as-needed medication, as evidenced by a resident's expression of discomfort or other indication; (b) A resident exercising the right to refuse medication administration; (c) Any deviation from the delegation of medication administration instructions; (d) Any observation about the condition of a resident that should cause concern to a certified medication aide 	
<p>(11) Medication errors, four hours, including:</p> <ul style="list-style-type: none"> (a) Error prevention through promotion of safe medication administration practices; (b) Timeliness and manner of reporting medication errors; 	
<p>(12) The role of the certified medication aide as set forth in Chapter 4723. of the Revised Code and this chapter, four hours, including:</p> <ul style="list-style-type: none"> (a) The fact that administration of medication is a nursing function that may only be performed by a certified medication aide when it has been delegated by a nurse in accordance with the provisions of this chapter; (b) The settings in which medications may be administered by certified medication aides; (c) The types of medications that may be administered by certified medication aides as well as those that a certified medication aide may not administer; and (d) The activities associated with the administration of medications that are prohibited for a certified medication aide. 	



Mike DeWine, Governor
Jon Husted, Lt. Governor

Marlene Anielski, Executive Director

Medication Aide Training Program Application (2016)

Program Contact Information

Legal/Official Name of the Program _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Email Address _____

Name of organization providing program _____

Address (If different from above) _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Email Address _____

Anticipated Start Date: _____

Program Administrator Contact Information

Program Administrator (Must be an Ohio Registered Nurse) _____

Telephone Number _____ Fax Number _____

Email Address _____

SUPERVISED CLINICAL PRACTICE

Rule 4723-27-07(C)(5), Ohio Administrative Code (OAC), the supervised clinical practice component shall be provided in a nursing home that the Ohio Department of health has found to be free from deficiencies related to the administration of medications in the two most recent annual surveys, or in residential care facilities that the Ohio Department of health has found to be free from deficiencies, related to the administration of medications and the provision of skilled nursing care, in the two most recent annual surveys. **Please list all facilities used. Please attach a separate piece of paper for additional listings.**

Type of Facility: Nursing Home Residential Care Facility (RCF)

Name of Clinical Site _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Email Address _____

Attestation:

The applicant has reviewed Chapter 4723-27, of the Ohio Administrative Code relating to requirements for the administration of a Medication Aide Training Program and attests that the training program it proposes meets and will maintain these requirements. The information submitted in this application is true and accurate.

Name

Title

Signature

Date

Submission:

- 1. Submit this application and any supplemental documents via Drop Box
- 2. Submit a complete credit card authorization form and a copy of this application to fiscal@nursing.ohio.gov

Credit Card Authorization Form

Card Holder Name: _____

Address Associated with Credit Card: _____

Type of Card: _____ Master Card _____ Visa _____ Discover

Card Number: _____

Card Expiration Date: _____

CVV _____

Payment Amount: _____

Reason for Payment (Please Check Box):

Disqualifying Determination Request
Email this form to: disqualifying-offense-requests@nursing.ohio.gov

Community Health Worker Training Program
Email this form to: fiscal@nursing.ohio.gov

Dialysis Technician Training Program
Email this form to: fiscal@nursing.ohio.gov

Medication Aide Training Program
Email this form to: fiscal@nursing.ohio.gov

OBN Approver of CE
Email this form to: fiscal@nursing.ohio.gov

Your signature on this form authorizes use of the credit card shown for the amount listed to pay fees to the Ohio Board of Nursing.

Cardholder's Signature: _____

Date: _____

Instructions to use the Drop Box

The Ohio Board of Nursing require the documents be submitted electronically, via the Drop Box system.

Drop Box Instructions:

1. Click on the link: filedrop.cloudfs.ohio.gov
2. Click on the box labeled "Drop-Off."
3. For the prompt "Have you been given a Request Code?", answer No.
4. Enter your name, organization (name of Program), and your email address, and then click on "Send confirmation".
5. An email with a link to submit the documents will be sent to the email address that was entered in Step 4.
6. Click on the emailed link, and then click "Add one recipient"
7. Use email address: education@nursing.ohio.gov, Click "Add and Close." Select "Click to Add Files or Drag Them Here."
8. Select the file, or the compressed zip folder, containing the files to be dropped or dragged.
9. You will have to compress folders as Zip files in order for them to drop in the system. However, individual files should drop without being compressed into Zip files.
10. Click on "Drop-off Files".
11. Once files are dropped, email confirmation will be sent to you and the Education Unit. You will also receive an email confirmation when the dropped files have been retrieved.

Additional Notes:

1. Please ensure all files or folders are clearly labeled to identify the contents identified above. For example, label the file as "Organizational Chart." This will make the review process more efficient.
2. Remember that any folders submitted have to be compressed into a zip file prior to dropping.
3. If submitted correctly, an automated message will be sent to the email provided confirming the drop. An email will also be sent automatically to the Education Unit.

If you have any questions, contact the Education Unit at: education@nursing.ohio.gov.