

APPLICATION

**Certified Medication Aide
Training**

AND

Competency Evaluation Programs

**Oklahoma State Department of Health
Protective Health Services
Nurse Aide Registry
1000 NE 10th
Oklahoma City, OK 73117-1299**

General Information

The Oklahoma State Department of Health (OSDH) is responsible for implementing rules and approving programs that meet Federal and/or State requirements for a nurse aide training and competency evaluation program.

The application and necessary forms are enclosed. Please retain a copy of the original application and forms in your files and prepare additional copies for use as needed.

The completed application and application fee of fifty dollars (\$50.00) must be returned to:

Oklahoma State Department of Health
Protective Health Services-0702 Nurse
Aide Registry 1000 NE 10th
Oklahoma City, OK 73117-1299

An approved program shall notify the OSDH when there are substantive changes made to the program.

Please call the Nurse Aide Registry staff at (405) 271-4085 or 1-800-695-2157 if you have questions about this information. We appreciate your participation and look forward to working with you.

Sincerely,

Lisa McAlister, BSN, RN
Director, Nurse Aide Registry
Protective Health Services

Application

The application for a State approved nurse aide training and competency evaluation program determines if the program meets the Federal and/or State requirements for such programs. All information shall be a public record. The OSDH shall notify an applicant within ninety (90) days of its decision.

Instructions:

1. Read the instructions carefully and complete the appropriate forms as indicated. Additional pages may be inserted if the allotted space is not sufficient.
2. ____ Label the appropriate forms for the specific section; i.e., Section #
____ Page # .
3. Indicate NA (not applicable) on forms as necessary.
4. Submit the complete Application and application fee of fifty dollars (\$50.00) to:

Oklahoma State Department of Health
Protective Health Services-0702 Nurse
Aide Registry 1000 NE 10th
Oklahoma City, OK 73117-1299

Entity Name: _____
Mailing Address: _____

City State Zip
Contact Person: _____
Telephone: () _____
Area Code/Telephone Number

Program Category:

Please check one:

- Accredited Higher Education Institution
- State Vocational and Technical Education School
- Private Vocational School
- Other

A private Vocational School shall submit a copy of the license issued by the Oklahoma Board of Private Vocational Schools. Attachment #

Section I. Records and Evaluation

A medication aide training and competency evaluation program shall use a Trainee Performance Record approved by the OSDH that indicates the major duties and skills taught.

The Trainee Performance Record shall include, but not be limited to:

1. A listing of the duties and skills expected to be learned in the program.
2. A record of when the trainee performs the duties and skills and the determination of satisfactory or unsatisfactory performance. The name of the instructor or evaluator supervising the performance.
- 3.

Submit a copy of the Trainee Performance Record form. Attachment #

A program shall retain the following records for at least three (3) years:

1. Application for the medication aide training and competency evaluation program.
2. Trainee performance record and individual training records.
3. Trainee's performance on the competency evaluation program, i.e., successful or unsuccessful.

Describe the method used for retaining the required records safely for at least three (3) years. Attachment # _____

An approved program shall provide current written information to applicants about: 1.

- 1. Policies for admission and satisfactory completion of the program.**
- 2. Purpose and objectives of the program.**
- 3. Trainee rights and responsibilities.**
- 4. Successful completion results in the individual being listed in the OSDH's nurse aide registry.**
- 5. State law requiring employers to secure an Oklahoma State Bureau of Investigation criminal arrest report.**
- 6. Requirements for renewal of the registry listing.**
- 7. Requirements that an individual shall be listed on the State nurse aide registry prior to admission to a State approved certified medication aide training program.**
- 8. Requirements that certified medication aides must receive eight hours of continuing education, per year, from a State approved program.**

Section II. Charges

Section III. Trainees

The trainee shall be appropriately identified as a trainee whenever the individual is performing the required clinical skills training.

Describe the method used to identify trainees.

Provide a copy of the written information, (items 1 through 8 listed above), that is provided to applicants. Attachment # _____

Submit an itemized list of charges made to trainees.
Attachment # _____

Section IV. Clinical Facilities

An medication aide program shall provide a list of clinical facilities and letters of agreement for use of the clinical facilities signed by the Administrator and the program Administrative Official.

Submit a list of clinical facilities and a copy of letters of agreement for use of the clinical facilities signed by the nursing clinical site administrator and the program administrative official.

Attachment # _____

Section V. Instructors

The training of certified medication aides shall be done by a licensed nurse, or a registered pharmacist, whose qualifications are approved by the Department, and who has at least one (1) year experience in their field of expertise.

Other personnel from the health professions may supplement the instructor as required by the curriculum.

Complete the attached Instructor Qualification Record for each person serving as an instructor. Additional copies of the Instructor Qualification Record form can be made and attached.

Instructor Qualifications

Training Entity Name:

Training Entity Location

Street

City

Zip

Administrative Official

I. Instructors Name _____ SS #
License # A. Experience:

1. _____ Indicate number of years' experience in field of expertise
--- must be at least one (1) .

B. Submit a short biographical sketch:

Administrative Official, Co-Signature

Section VI. Curriculum

The certified medication aide training program shall include:

- a. At least forty (40) hours of combined classroom and clinical training.
- b. At least sixteen (16) hours of supervised practical training.

1. Name of Curriculum:

_____ (Must be a State approved curriculum)

Total Classroom hours:

Total supervised practical training hours:

Total clinical hours:

2. Submit a course outline. Attachment #

Section VII. Environment

The training and competency evaluation program shall provide an environment conducive to learning. This shall include at least the following: heating and cooling temperature controls; clean and safe conditions; adequate space to accommodate all trainees; adequate lighting; necessary functioning equipment; training materials including audiovisual equipment and freedom from distractions, traffic and other activities.

Indicate the largest number of trainees the classroom can accommodate.

	Yes	No	Date	Comments
Temperature Controls 71 - 81 degrees				
Heating				
Cooling				

Clean, Safe Conditions Floor clean, uncluttered Electrical outlets available and working Wastebaskets Clock Available Environmental hazards (identify & list on separate page)				
Space Adequate number of chairs Adequate number of desks Adequate space for trainees, equipment and materials				
Lighting Direct lighting Suitable for tasks to be performed Indirect lighting Minimal glare				
Equipment & Training Materials Overhead projector, if needed Reference books and materials Supplies				
Clinical Skills Lab Clinical skills lab provides space for equipment and trainees Mannequin, if needed Basic skills supplies, i.e., bath basin, personal care items, blood pressure equipment, patient beds, among others Handwashing facility easily accessible				

Section VIII. Competency Evaluation Program

<p><u>Indicate what testing entity the program will use.</u></p>

Written Evaluation:

An approved program shall make the written test available to trainees and shall inform the trainee about the competency evaluation program that is available on successful completion of the training program.

Describe where/how the written test is made available to trainees.

Clinical Skills Evaluation:

The clinical skills demonstration shall:

- (a) Be performed in a setting in which the aide will function.
- (b) Be administered and scored by a licensed nurse or registered pharmacist.
- (c) The student shall achieve one hundred percent (100%) accuracy on a medication pass on at least twenty (20) or more individuals when observed by an instructor.
- (d) The medication pass may be performed in a facility.
- (e) The successful completion of the drug pass shall be documented and retained in the aides training file.

1. Indicate where the medication pass will be administered.

2. Submit a copy of the form used for documentation of the medication pass.
Attachment # _____