Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing
Certified Medication Assistant (CMA) Request for Waiver

APPLICANT INFORMATION			
Name		Social Security Number	
Address	City, State, Zip	Telephone #	Email Address

I hereby certify that the information provided is true and correct. I also certify that I have read Nurse Practice Act Statutes ARS § 32-1650, 32-1650.01, 32-1650.02 and 32-1650.05, and understand the qualifications and responsibilities of a certified medication assistant. (To see statutes, go to www.azbn.gov/NursePracticeAct.aspx and click on CMA statute link)

Signature of Applicant for Waiver	Date

WAIVER FOR NURSING STUDENTS AND INSTRUCTOR VERIFICATION		WAIVER FOR CERTIFIED MEDICATION ASSISTANTS AND EMPLOYER VERIFICATION	
Required: • A nursing course as part of an approved RN/LPN program; which includes a block I or nursing fundamentals course with theory and clinical • A 3 credit pharmacology course • Instructor verification that student spent a minimum of 40 hours administering medications in a long tern care facility.		Required: • Verification from out of state registry sent directly to AZBN showing evidence of completion of 100 hours of training in a CMA program. • Proof that you have practiced as a medication assistant in a long term care facility for at least 160 hours in the past two years OR completed a medication assistant program in the past year.	
Name and Address of School		Name of Facility submitting verification	
Name of nursing fundamental course	Total clock/credit hours of course	Address of Facility	
Name of pharmacology course	Total clock/credit hours of course	Dates of employment as Certified Medication Assistant From: To:	
Did student spend 40 hours in clinical administering medications? (circle one) Yes No		Did applicant work at least 160 hours as a CMA? (circle one) Yes No	
Signature of Instructor or Program Director attesting to the veracity of the above information		Signature of Supervisor attesting to the veracity of the above information	
Contact Phone	Contact Email	Contact Phone	Contact Email