

**ARIZONA STATE  
BOARD OF NURSING**



**CERTIFIED  
MEDICATION ASSISTANT  
TRAINING PROGRAM APPROVAL**

**Doug Ducey**  
Governor



**Joey Ridenour**  
Executive Director

## ***Arizona State Board of Nursing***

4747 North 7<sup>th</sup> Street, Suite 200

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### **MEDICATION ASSISTANT TRAINING PROGRAM INITIAL APPLICATION PACKET**

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### APPLICATION PROCESS MEDICATION ASSISTANT TRAINING PROGRAM

Thank you for your interest in establishing a medication assistant training program. In this packet you will find an application and documents that pertain to state requirements for medication assistant training programs. Also included are reference documents such as the Medication Assistant Curriculum and HB2469, the statutes governing Medication Assistant training and Certified Medication Assistants.

Within 30 days of arrival in our office, your application will be reviewed for administrative completeness and checked for deficiencies. If no significant deficiencies are noted, a more substantive review will be conducted over the next 90 days during which time you may be contacted to set up a time for a site visit or be requested to provide additional information. Following the review, the program application will be reviewed by the Board for a decision on a four-year approval. For more information on the time frame rules see A.A.C. R4-19-102.

Should you need any assistance during the application process, please contact Pamela Randolph, RN, MS, Associate Director of Education and Evidence-Based Regulation at (602) 771-7803, [PRandolph@azbn.gov](mailto:PRandolph@azbn.gov); Frannie Breed, RN, BSN, Nurse Practice Consultant / CNA Programs at (602) 771-7857, [FBreed@azbn.gov](mailto:FBreed@azbn.gov); or Lyn Ledbetter, Education Department Administrative Assistant at (602) 771-7856, [LLedbetter@azbn.com](mailto:LLedbetter@azbn.com).



**Arizona State Board of Nursing**

**Medication Assistant Training Program  
Application for Initial Approval**

**PROGRAM INFORMATION**

|                                    |         |   |                         |
|------------------------------------|---------|---|-------------------------|
| Name of Entity Providing Education |         | NA Training Program<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NA Code # if applicable |
| Name of Program Administrator      |         |   |                         |
| Address                            | City    | State   | Zip                     |
| Telephone #                        | Fax #   |   |                         |
| Email Address                      | Website |   |                         |
| Accrediting Agency                 |         |   |                         |

**INSTRUCTOR**

Medication assistant program instructors shall hold a registered nursing license in good standing; Instructors shall have at least forty (40) hours of experience administering medications in a licensed long-term care facility; Instructors shall have experience teaching adults. The following information must be provided for each instructor.

|                                 |              |
|---------------------------------|--------------|
| Name (as it appears on license) | RN License # |
|---------------------------------|--------------|

**PLEASE PROVIDE EVIDENCE OF THE FOLLOWING:**

Forty (40) hours of experience administering medications in a licensed long-term care facility.

| FACILITY NAME/LOCATION | POSITION | CLINICAL AREA | FROM MONTH/YEAR | TO MONTH/YEAR |
|------------------------|----------|---------------|-----------------|---------------|
|                        |          |               |                 |               |
|                        |          |               |                 |               |

Experience teaching adults.

| LOCATION | CLASS YOU TAUGHT | FROM MONTH/YEAR | TO MONTH/YEAR |
|----------|------------------|-----------------|---------------|
|          |                  |                 |               |
|          |                  |                 |               |

**TYPE OF PROGRAM**

|  |   |  |             |
|--|---|--|-------------|
| <input type="checkbox"/> Long-term care facility   | <input type="checkbox"/> Post-secondary Education |  |             |
|  | <input type="checkbox"/> University               | <input type="checkbox"/> Community College |             |
|  | <input type="checkbox"/> Private School           | <input type="checkbox"/> Skill Center      |             |
| Facility License <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Clinical Agency                                   |  |             |
| Licensing Agency:  | Name of Contact Person                            |  |             |
| Date of Last Review:   | Address   |  | Telephone # |
| Medicare Certified <input type="checkbox"/> Yes <input type="checkbox"/> No                            | City  | State                                      | Zip         |

**LENGTH OF PROGRAM**

|             |                          |                            |   |
|-------------|--------------------------|----------------------------|---|
| Total Hours | Didactic<br>(minimum 45) | Skills Lab<br>(minimum 15) | Clinical<br>(minimum 40 following the<br>Arizona State Board of<br>Nursing approved<br>curriculum plan) |
|-------------|--------------------------|----------------------------|---|

**ADMISSION CRITERIA**

|                          |                         |                          |
|--------------------------|-------------------------|--------------------------|
| Competency Exam(s) Used: | Required Minimum Scores |                          |
|                          | Mathematics             | Reading<br>Comprehension |

**VERIFICATION**

I hereby certify that I have read this application and further certify that the information provided is true and correct. I also certify that I have read HB2469 and understand the requirements and responsibilities of the medication assistant training program, and the qualifications and responsibilities of the medication assistant training program instructor.

|  |      |
|--|------|
| Signature of NA Training Program Coordinator and/or Instructor Applicant | Date |
|--|------|



## *Arizona State Board of Nursing*

### **APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTS**

Please send documents unbound, unstapled and copied on one side only. Do not send notebooks or tabulated items.

1. A description of the program that includes the length of the program (minimum of 100 hours), number of hours of clinical, skill lab and classroom instruction, and program goals consistent with state requirements. The program shall provide a description that is consistent with the purpose, goals, and objectives of a parent institution, if any.
2. Copy of accreditation from agency recognized by the United States Department of Education, or license issued by the Private Postsecondary Education Board unless a long-term care facility.
3. Programs are required to use the Board approved medication assistant curriculum. Please provide a copy of the program curriculum showing required text assignments and supplemental reading, etc.
4. Copy of policies with effective and review dates for review of policies consistent with ARS § 32-1650.01(B)(7).
  - A. Student attendance ensuring that a student receives 100 hours of instruction;
  - B. Instructor supervision of students in the clinical area, providing for supervised clinical practices as described in AZBN course guidelines.
  - C. Education requirements:
    - high school diploma, GED, transcripts from a nationally or regionally accredited postsecondary school in the United States or from the United States military documenting successful completion of college-level coursework;
    - evidence of completing at least twelve years of education in a foreign country and, if the language of that country was other than English, a passing score on an English language proficiency examination as determined by the board;
  - D. Admission requirements:
    - criminal background;
    - practice as a certified nursing assistant for a minimum of six months;
    - active certification in good standing;
    - be at least eighteen years of age;
    - screening for mathematics and reading comprehension skills.
  - E. Student grading requirements;
  - F. Course completion requirements
  - G. Test retake, if retake tests are allowed, informing students that a retake test:
    1. Addresses the competencies tested in the original test,

2. Contains different items from the original test, and
  3. Is documented in the student's record;
- H. Passing exam scores
  - I. Student record maintenance including information regarding records retention, retention period, records location;
  - J. Student fees and financial aid, if any;
  - K. Dismissal and withdrawal policies;
  - L. Student grievance policy, including a chain of command for grade disputes;
  - M. Program completion criteria; and
  - N. Notification of Board requirements for certification, including the criminal background check requirement, before enrolling a student.
5. Sample certificate of completion that contains the following:
    - A. The name of the program;
    - B. Location of classroom and clinical site;
    - C. The number of classroom and clinical hours in the program;
    - D. The start and end date of the program;
    - E. The program number, if known; and
    - F. The signature of the program coordinator, instructor, or the supervisor of the program coordinator or instructor.
  6. Textbook author, name, year of publication, and publisher and other current resource materials.
  7. Copy of student course evaluation form.
  8. Copies of contracts with clinical agencies.
  9. Implementations plan and timeline for starting the course.
  10. Copy of skills checklist used to evaluate clinical performance.

Following receipt of a completed application, you will be contacted to set up an appointment for a site visit. Completed applications should be mailed to:

Medication Assistant Training Programs  
Arizona State Board of Nursing  
4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix, Arizona 85014-3653





## *Arizona State Board of Nursing*

### **MEDICATION ASSISTANT COURSE**

For CMAs in long-term care settings. Approved by the Arizona State Board of Nursing July 21, 2010.

#### **Eligible Course Providers 32-1650.01**

Pursuant to A.R.S. 32-1650.01, the training program shall be either

- A post-secondary education institution that meets the requirements of A.R.S. § 32-1650.01 (A)(1) or (2), or
- A licensed long-term care facility

#### **Course Requirements under A.R.S. 32-1650.01 include:**

1. Shall be approved by the Arizona State Board of Nursing
2. Shall schedule no more than 4 consecutive hours of instruction in any one day
3. Shall screen potential students for math and reading comprehension ability
4. Shall administer a minimum of 4 separate unit exams, a medication calculation exam and a comprehensive final exam (while a minimum of three tests and a comprehensive final are required by statute, these requirements reflect the Board's authority to prescribe a curriculum similar to the pilot study (subsection (B)(2)).
5. Shall establish course policies for attendance, clinical supervision, course completion, passing examination scores) and make-up exams consistent with Board requirements (See below for Board requirements).
6. Shall teach according to Board established curriculum
7. Shall ensure that the course instructor meets criteria specified below
8. Furnish a copy of each student's certificate to the Board within 10 days of successful course completion.

#### **Instructor Qualifications under A.R.S. 32-1650.01**

The instructor must be an RN with an unrestricted license or multi-state privilege who has at least 40 hours of experience administering medications in a long-term care facility.

#### **Student Qualifications under ARS 32-1650.02**

Admission into the training is limited to currently certified nursing assistants (CNA) who:

- Worked as a certified nursing assistant for at least 6 months; have no outstanding complaints or restrictions on CNA certification
- Are at least 18 years old;
- Pass a screening math and reading comprehension test
- Earned a high school diploma, GED, or U.S. college or U.S. military credits or 12 years of education in an foreign country;
  - If educated in a non-English speaking country, a score of 76 on the iBT (internet-based TOEFL) or 6.5 overall and 7.0 on the speaking portion of the International English Language Test Service Academic Examination (IELTS)

## **Minimum length of the Program under 32-1650.01**

- The total program length is a minimum of 100 clock or contact hours. The entity offering the program shall provide of a minimum of 45 of those hours in didactic study inclusive of 4 unit tests, a divided dosage test and a comprehensive final exam.
  - The program shall provide 15 hours of skills lab experience for the purpose of student practice and competency testing before a student is allowed to administer medication to a resident. Medication administration practice in the skills lab is included in the course outline and integrated into the didactic course content. Students must pass a skills lab evaluation as determined by the program before administration of medications to residents.
  - There shall be a minimum of 40 hours of clinical practice utilizing the guidelines of progressive clinical practice and principles of supervision as detailed below

## **Clinical Practice**

A program instructor may supervise the clinical practice or a long-term care facility may provide an RN instructor with an unrestricted license who has a minimum of 6 months medication administration experience to supervise the experience. The program shall provide medication skills checklists to all clinical instructors to record student performance. The clinical instructor supervising the clinical practice of medication assistant students shall engage in no other activities while students are administering medications.

Progressive clinical practice of 40 hours to include:

1. One-to-one instructor observed medication preparation and administration until the instructor determines that the student is safe to progress, starting with a minimum of 5 residents progressing to 10 residents over a period of 3 days for 4 hours per day (12 hours). In addition to providing instruction and guidance, the instructor shall observe, evaluate, and record student performance for each resident medication pass. Students shall perform 30 medication administrations without coaching or missing critical elements to progress.
2. One-to-three instructor-to-student ratio for a minimum of 12 hours. The student may administer medications to 10-15 residents. The instructor shall observe, evaluate, and record performance of medications administered at a specific time to every 3 residents. Students shall perform 15 documented medication administrations without missing critical elements or coaching to progress. A licensed nurse (RN or LPN) shall check all medications for correct drug, time and dosage before administration and review all medication documentation.
3. Upon successful completion of the above, the student may progress to medication passes under the general supervision of the instructor for a minimum of 16 hours to the number of residents determined by the facility to consist of a normal assignment for a medication assistant. The instructor (RN)-to-student ratio shall be no greater than 1:5. The instructor (RN) shall observe, evaluate, and record performance of medications administered at a specific time to every 5 residents. Students shall perform 15 documented medication administrations without coaching or missing critical elements to progress. A licensed nurse (RN or PN) shall check all medications before administration for correct drug, dosage, and time and review all medication administration documentation.
4. Following successful course completion and prior to taking and passing the Board administered competency exam, a CMA course graduate may continue to administer medications to selected residents under the direct supervision of the instructor or designated facility RN consistent with the principles of supervision below.

## Principles of Supervision

1. Student supervision is always conducted by the instructor. Throughout the course the instructor shall engage in no other duties during the period of supervision.
2. The student will progress in passing medications to progressively larger groups of residents as the student demonstrates consistent, safe, efficient medication administration according to Board-approved criteria.
3. A licensed nurse (RN or PN) shall review all medication documentation.
4. All medications will be checked for right time, dose, and drug before administration;
5. All critical elements must be performed by the student for all medication passes without coaching or cueing from the instructor for the student to progress from lab to clinical, to a larger number of residents, or to general supervision.
6. The instructor may require more practice than the minimum but in no instances shall less practice be required.

## Competency Testing

- CNAs who successfully complete the CMA course shall be eligible to take a certification manual skills and written competency exam
- During the period between course completion and the first attempt on the competency examination, the graduate may administer medications only under the direct supervision of the clinical instructor or a designated RN in the facility.
- Candidates who fail any portion of the competency exam on the first attempt, may not administer medications until they pass the exam except as an enrolled student in a medication assistant program.
- The applicant must pass the competency exam within one year of course completion.

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## COURSE OUTLINE

### Course Overview

This course provides basic background information and routine procedures that are essential for the safe administration of selected medications by experienced certified nursing assistants in a long term care facility. Content includes basic principles of medication administration, simple calculations, and categories of medications. Successful completion of the course and a “pass” on both the written and manual skills exam administered by the Arizona State Board of Nursing (AZBN) will meet the qualifications to become a certified medication assistant (CMA) and administer medications under the provisions of A.R.S. §32-1650, (Certified medication assistants; medication administration; delegation, at a long-term care facility under the supervision of a licensed nurse).

### Course Goals

Upon successful completion of the course, the student will be able to:

1. Explain the role of the certified medication assistants (CMAs) in Arizona including allowable acts, conditions, and restrictions.
2. Discuss principles, terminology, laws, and drug references as they apply to administration of medications.
3. Explain principles of medication action.
4. Explain principles of medication administration and nursing assistant care considerations when administering medications to clients of all ages.
5. Accurately calculate medication dosages.
6. Promote safe medication administration in health care facilities.

7. Discuss medication properties, uses, adverse effects, administration, and nursing assistant care of residents receiving the following types of medications:
  - a. Vitamins, minerals, and herbs
  - b. Antimicrobials
  - c. Eye and ear medications
  - d. Skin medications
  - e. Cardiovascular medications
  - f. Respiratory medications
  - g. Gastrointestinal medications
  - h. Urinary system medications and medications to attain fluid balance
  - i. Endocrine/reproductive medications
  - j. Musculoskeletal medications
  - k. Nervous system/sensory system medications
  - l. Psychotropic medications

### **Clinical Competencies**

1. Utilizing the 6 rights of medication administration, administer the following medications to residents when delegated and supervised by a licensed nurse:
  - a. Regularly scheduled medications including controlled substances administered by oral, topical, nasal, otic, optic, and rectal routes.
  - b. Following the nurse's assessment, PRN or "as needed" medications for bowel care or over-the-counter analgesics. The licensed nurse shall evaluate the effects and record the findings
2. Demonstrate application of the principles of asepsis when administering medications.
3. Follow principles of delegation when accepting delegation of medication administration.
4. Accurately document medication administration.
5. Perform nursing assistant care associated with medications administered to residents.
6. Report any changes in resident condition to the delegating nurse.
7. Adhere to Arizona State Board of Nursing statutory limitations during medication administration.
8. Promote resident rights during medication administration.

### **Limitations on Medication Administration by Certified Medication Assistants A.R.S. §32-1650 (B)**

The nurse shall not delegate to a medication assistant

- a. If, in the professional judgment of the nurse, after evaluating the condition and level of services required for the resident and the conduct and skills of the certified medication assistant or medication assistant student, the nurse determines that there would be an unacceptable risk of harm or jeopardize the health or welfare of the resident or that safe delegation cannot be accomplished.
- b. The first dose of a new medication, or of a previously prescribed medication when the dosage is changed.
- c. Any new medication that arrives from the pharmacy without ensuring that it reflects the original prescription.
- d. PRN or "as needed" medications except as described above.
- e. The counting of controlled substances at the beginning and end of a shift and any act associated with obtaining multiple doses of a controlled substance;
- f. Any medication delivered by a needle or by intradermal, subcutaneous, intramuscular, intravenous, intrathecal, and intraosseous routes.
- g. Any medication that must be inserted into a nasogastric tube or gastric tube

- h. A change in oxygen settings or turning oxygen on or off
- i. Inhalant medications
- j. The Regulation of intravenous fluids or programming insulin pumps.
- k. Topical patches and topical medications requiring a sterile dressing or assessment of skin condition.
- l. Sublingual medications
- m. Any medication that requires a mathematical conversion between units of measurement to determine the correct dose.

## **MINIMUM COURSE POLICIES**

### **ATTENDANCE**

- Students must attend all classes to understand the material presented and function at a quality level in the health care setting.
- Students are required to complete the minimum hours of the course (45 didactic, 15 lab, 40 clinical practice)

### **PASSING STANDARDS**

#### Didactic/Laboratory

Each of the following components must be completed satisfactorily for the student to pass the didactic/lab portion of the course:

- Four unit tests: the student must earn a minimum 75% on each unit test. If a student fails to achieve 75% on a test, an alternate form of the exam may be given for one test only. Students shall not be given access to test items prior to the administration of a test.
- Dosage calculation test: the student must earn 100% on the dosage calculation test. This test should consist of at least 10 simple divided dosage problems with oral medications. It should not require a change in systems of measurement (e.g. ml to tsp). A calculator may be used. Two retakes using alternate forms of the dosage calculation test are permitted. Students shall not be given access to test items prior to the administration of a test.
- Comprehensive Course Test: the student must earn a minimum of 80% on the comprehensive course test. If a student fails to achieve 80% and has passed all unit tests on the first attempt, the student may re-take an alternate form of the comprehensive course test. Students shall not be given access to test items prior to the administration of a test.
- Final skills laboratory: the final skills laboratory exam is Pass/Fail. The program shall test the student in all applicable skills. Critical elements of medication administration for all tested skills are found in the D&S Diversified Technologies Arizona Medication Assistant Manual. The student must demonstrate all critical elements of selected medication administration to receive a grade of “pass.” If each competency is not met, the student will receive a grade of “fail.”

The student must successfully complete the didactic and skills laboratory portion of the course as described above in order to proceed to the clinical practice portion of the course.

#### Clinical Practice

- The student must complete the clinical practice within 45 days of completing the didactic and skills laboratory
- The student will receive a “pass” or “fail” grade for the clinical practicum; each competency must be met for the student to pass.

- The instructor will place an evaluation form in the students file indicating that the student has met all competencies for each of the 3 levels of clinical practice. The competencies of the previous level must be met to proceed to the next level.

## **COURSE COMPLETION**

- The student successfully meets the passing standards of the didactic/laboratory and
- The student successfully completes the clinical practicum.
- Upon successful course completion, the instructor will provide a document to each successful trainee, which includes the trainee's name, CNA certificate number, dates of course enrollment and completion, names and addresses of course provider and clinical practice sites, and lead instructor's signature.
- The training facility will send copies of each student's certificate of completion to the Arizona State Board of Nursing and D&S Diversified Technologies.

## **RECORD MAINTENANCE**

- Course materials and student records will be retained by the training institution for 5 years.
- Course materials include the following:
  - Course syllabus
  - Course schedule
  - All tests and comprehensive exams
  - Student end-of-course evaluations, the compilation of the evaluations and course improvements instituted as a result of the evaluations
- Records for each student include the following:
  - Student name, date of birth, and CNA certificate number;
  - Copies of tests administered and scores used to assess basic math and reading comprehension
  - Attendance records including total hours for class, lab, and practicum;
  - All scores on tests and quizzes;
  - Skills check lists from clinical practice exam;
  - Instructor completed competency evaluation forms for each level of clinical practice;
  - Copy certificate of course completion.

## **GRIEVANCE**

A student may report a grievance related to the training facility through the established grievance process of the training institution. A student may file a program complaint with the Arizona State Board of Nursing by calling 602-771-7857.

## **CONDUCT POLICY**

The student is expected to conduct him/herself in an ethical and professional manner. A student who commits academic dishonesty and/or acts in an unprofessional manner will be removed from the CMA training program.

## RESOURCES

The program should adopt appropriate textbook resources that are current (been published in the last 5 years). Programs shall not copy textbooks in violation of copyright laws. Within these parameters, the program may adopt a text of their choice that will assist students to meet the goals and objectives of the curriculum.

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The curriculum was originally based on Gauwitz, D (2005) *Administering Medications: Pharmacology for Health Careers*. 5th Ed. Boston: McGraw-Hill. There is a newer edition available (2007). This text does not address the role of the medication assistant and covers areas outside the role such as administration of parenteral medications and assessing need for and response to medications. Another available text is *Mosby's Textbook for Medication Assistants* by Sorrentino and Remmert (2009) which has more appropriate role information but is structured somewhat differently than the curriculum. It is suggested that instructors have copies of multiple references to supplement didactic learning and always refer to the curriculum and the legal parameters of the role pursuant to A.R.S. 32-1650 in deciding upon assignments and didactic content. Not all curriculum elements may be sufficiently covered or up-to-date in any chosen text and supplemental materials should be incorporated as needed. Regardless of the textbook utilized, the program is responsible for covering the curriculum as this is the content that will be tested in the certification exam.

## KEY TERMS

Key terms associated with questions on the Competency Exam for Medication Assistants administered by D&S Diversified Technologies have been listed for each unit to assist both educators and students. Not all key terms may be listed as the test changes over time.

## STUDENT ASSIGNMENTS

The curriculum is not currently mapped to any text. While the structure is consistent with the original text, that text is outdated. Instructors will be required to align assignments and didactic content to the chosen text.

**ARIZONA STATE  
BOARD OF NURSING**



**CURRICULUM  
Medication Assistant Training Program**

# CERTIFIED MEDICATION ASSISTANT CURRICULUM

The medication assistant training program curriculum was developed by the Medication Technician Pilot Study Steering Committee and approved by the Arizona State Board of Nursing on September 21, 2005. This course provides basic background information and routine procedures that are essential for the safe administration of select medications by experienced certified nursing assistants in a long term care facility. Content includes basic principles of medication administration, simple calculations, and categories of medications.

| Goal 1: Explain the role of the medication assistant in Arizona including allowable acts, conditions, and restrictions. |   |   |                       |
|---|---|---|-----------------------|
| Unit 1: Role of Medication Assistant  |   |   |                       |
| Objectives  | Content   | Learning Activities   | Minimum Time for Unit |
| A. Discuss the legal requirements for medication assistants in Arizona  | A. Legislation A.R.S. 32-1650   | Read: Nurse Practice Act—<br>Rules/ Article 8<br>Legislation; | Didactic: 1 hour      |
| B. Describe the medications that CMAs can administer in Arizona   | B. Medications that can be delegated and not delegated<br>Regularly scheduled<br>Specific Routes<br>Controlled substances<br>PRNs |   |                       |
| C. Describe Board of Nursing role in the regulation of medication assistants  | C. Role of the nursing board—<br>oversight of programs,<br>certification  |   |                       |
|   | D. Process of delegation  |   |                       |

| <p>D. Explain the delegation process and the information a CMA would need to accept delegation</p> <p><b>KEY TERMS</b><br/> Certified medication assistant<br/> Delegation<br/> Communication<br/> Board of Nursing<br/> Nurse practice act<br/> Medication assistant role<br/> Reporting changes<br/> Priorities<br/> Responsibilities<br/> Role<br/> Scope of work</p> |  |   |                            |
|--|--|---|----------------------------|
| <p>Goal 2: Discuss principles, terminology, laws, and drug references as they apply to administration of medications.</p>  |  |   |                            |
| <p>Unit 2: Laws and Drug References</p>  |  |   |                            |
| Objective  | Content  | Learning Activity   | Minimum Time for Unit      |
| <p>A. List drug sources and uses</p> <p>B. Differentiate between different names for the same drug</p> <p>C. Demonstrate use of drug references</p>  | <p>A. Sources and uses of drugs</p> <p>B. Drugs known by different names: chemical, generic and proprietary (trade) name</p> | <p>A-D. Practice looking up a drug in nursing drug books, and on the internet and discuss the information available</p> | <p>Didactic: 1.5 hours</p> |

|  |  |  |  |
|--|--|--|--|
| <p>D. Discuss drug legislation and how laws protect the public</p> <p>E. Apply legal, ethical, and caring behaviors when administering medications</p> <p><b>KEY TERMS</b><br/> Controlled substance act<br/> Confidentiality<br/> Controlled substances<br/> Drug abuse<br/> Drug Enforcement Agency (DEA)<br/> Drug reference<br/> Drug standards<br/> Legal restriction<br/> Nursing drug reference<br/> Manual<br/> Schedule drugs I-V<br/> Generic name<br/> Trade name<br/> FDA requirement<br/> OTC</p> | <p>C. Information contained in drug references and types of drug references</p> <p>D. Major drug laws:<br/> 1. Food and Drug Act<br/> 2. Controlled Substance Act<br/> 3. Agencies that enforce drug laws</p> <p>E. Legal-ethical<br/> Resident rights, experimental drugs, placebos, caring principles—empathy, listening, hope, placebo effect</p> | <p>E. Demonstrate how the facility complies with the controlled substance act—locked narcotics, wastage etc.</p> |  |
|--|--|--|--|



Goal 3: Explain principles of medication action.

Unit 3: Principles of Medication Action

| Objective  | Content  | Learning Activity  | Minimum Time for Unit    |
|--|--|--|--------------------------|
| <p>A. Describe the processes of drug absorption, distribution, metabolism, and excretion and resident education/care that will support the desired effects of drugs</p> <p>C. List and describe factors affecting drug action.</p> <p>D. Distinguish between therapeutic effects and side effects of a drug</p> <p>E. Describe types of adverse reactions to drugs and nursing assistant responsibilities for each type of adverse reaction.</p> | <p>A. Processes of absorption, distribution, metabolism, and excretion and nursing assistant measures that support appropriate drug action</p> <p>C. Factors affecting drug action: age, size, diet, gender (male/female), genetics, diseases, psychological factors, routes of administration, time of administration, drug taking history, environmental effects.</p> <p>D. Therapeutic/side effects of drugs<br/>Local and systemic action</p> <p>E. Adverse reactions; signs and symptoms; nurse assistant responsibilities for:</p> <ol style="list-style-type: none"> <li>1. Drug allergy</li> <li>2. Tolerance</li> <li>3. Cumulative Effect</li> <li>4. Overdose and Toxicity</li> <li>5. Drug interactions</li> </ol> | <p>A-E Lecture; encourage discussion--ask students to:<br/>List personal factors that may affect drug actions; describe an adverse reaction from their own experience;<br/>Have they ever experienced tolerance, etc</p> | <p>Didactic: 2 hours</p> |

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| <p>F. Differentiate between drug dependence and abuse in residents and staff.</p> <p><b>KEY TERMS</b><br/> Drug allergy<br/> Allergic reaction<br/> Adverse effects<br/> Expected adverse effects<br/> Adverse reaction<br/> Anaphylaxis<br/> Uticaria<br/> Drug tolerance<br/> Placebo<br/> Drug classification<br/> Absorption<br/> Distribution<br/> Metabolism<br/> Excretion<br/> Drug action<br/> Effects of medication<br/> Medication effects<br/> Drug interactions<br/> Side effect<br/> Toxic<br/> Drug dependence<br/> Lethal dose<br/> Maximum dose<br/> Sensitivity to medications<br/> Therapeutic dose<br/> Administration error</p> | <p>6. Other drug related</p> <p>F. Drug dependence and abuse; nursing assistant responsibilities</p> | <p>F. Discuss risk for abuse among health care professionals</p> |  |
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| Goal 4: Explain principles of medication administration and nursing care considerations when administering medications to clients of all ages.  |   |   |                         |
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| Unit 4: Life Span Considerations  |   |   |                         |
| Objectives  | Content   | Learning Activities   | Minimum Time for Unit   |
| <p>A. Recall the effects of aging on body systems</p> <p>B. Discuss pharmacokinetics in the aged</p> <p>C. Administer medications to elderly residents applying principles of safe medication administration, resident rights, and knowledge of aging changes that may affect ability to take medications.</p> <p>D. Discuss the effects of medications on children (optional)</p> <p><b>KEY TERMS</b><br/> Resident rights<br/> Refusing medication<br/> Medication absorption<br/> Kidney<br/> Drug metabolism<br/> Drug build-up</p> | <p>A. Effects of aging on body systems</p> <p>B. Pharmacokinetics in the aged</p> <p>C. Administration of medications to elderly residents: resident rights, safety principles, caring behaviors, difficult swallowing (thickening)</p> <p>D. Effects of medications on children (optional)</p> | <p>A-C Lecture/discussion with examples</p> <p>Observation of medication administration</p> | <p>Didactic: 1 hour</p> |

**UNIT TEST #1**

Goal 5: Accurately calculate medication dosages

**Unit 5: Medication Calculation**

| <b>Objective</b>  | <b>Content</b>  | <b>Learning Activity</b>  | <b>Minimum Time for Unit</b>   |
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| <p>A. Recall common mathematical operations</p> <p>B. Recognize different systems of measurement and when a licensed nurse needs to be involved.</p> <p>C. Write and define units of measurement for metric and household systems</p> <p>D. State common equivalents among measurement systems and use a conversion table to convert between systems</p> <p>E. Calculate the number of tablets or capsules to give when the available dose differs from the ordered dose.</p> | <p>A. Review of:</p> <ol style="list-style-type: none"> <li>1. Fractions</li> <li>2. Decimals</li> <li>3. Percents</li> </ol> <p>B/C/D. Systems of measurement:</p> <ol style="list-style-type: none"> <li>1. Metric</li> <li>2. Household</li> <li>3. Temperature scales</li> <li>4. Apothecary (briefly)</li> </ol> <p>E-G.</p> <ol style="list-style-type: none"> <li>1. Equivalencies metric/household</li> <li>2. Dosage calculation for oral medications</li> </ol> | <p>A. Provide safe and unsafe examples of calculations</p> <p>Lab Practice: Use actual examples from your facility and workbook in class--a calculator may be used.</p> | <p>4 hours theory;<br/>1 hour lab practice with examples</p> <p>(It is recommended that this content be divided into 2 days)</p> |

| <p>F. Calculate the amount of liquid medication to pour when the dose is ordered in units of mass.</p> <p>G. Verify a dosage calculation using conversions from one system to another.</p> <p><b>KEY TERMS</b><br/>Dosage<br/>Medication calculation</p> | <p>3. Dosage calculations with conversions—licensed nurse needed to do initial calculation</p>  |  |   |
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| <b>DOSAGE CALCULATION TEST</b>   |   |  |   |
| Goal 6: Describe measures to promote safe medication administration in health care facilities  |   |  |   |
| Unit 6: Promoting Safe Medication Administration   |   |  |   |
| <b>Objective</b>   | <b>Content</b>  | <b>Learning Activity</b>   | <b>Minimum Time for Unit</b>                        |
| <p>A. Name common abbreviations associated with medication administration.</p> <p>B. List medication forms</p>   | <p>A. Accepted abbreviations (supplemental JACHO recommended)</p> <p>B. Forms of medication:</p> <ol style="list-style-type: none"> <li>1. Liquids</li> <li>2. Solutions</li> <li>3. Suspensions</li> <li>4. Solids/Semisolids</li> <li>5. Suppositories</li> <li>6. Topical creams, lotions and ointments</li> </ol> | <p>A. Supplemental JACHO "do not use" abbreviations--quiz</p> <p>C-M. Lecture<br/>Discussion/Demonstration<br/>Practice procedures:<br/>Medication set up—<br/>Liquid/Tablet<br/>Documentation<br/>Incident report</p> | <p>Didactic 5 hours</p> <p>Lab practice 3 hours</p> |

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| <p>C. Describe routes for administering medications</p> <p>D. Recognize the routes of medication that may be administered by the CMA</p> <p>E. Document time using international time (military time)</p> <p>F. Describe the licensed nurses responsibility to check the components of a medication order.</p> | <p>Enteric coated</p> <p>C. Routes of administration:<br/>Oral routes: sublingual, buccal, oral<br/>Topical<br/>Rectal<br/>Eye drops<br/>Eardrops</p> <p>D. Inhalation/Parenteral, sublingual and PRN medications—only licensed nurse gives</p> <p>E. International time</p> <p>F. Medication orders checked by nurse:<br/>1. Order sheet<br/>2. Prescription components<br/>a. Name of drug<br/>b. Dose<br/>c. Route<br/>d. Time/frequency<br/>e. Prescriber signature<br/>3. Types of drug orders; routine, standing, PRN, stat<br/>4. Questioning an order</p> |  |  |
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| <p>G. Describe the ordering, packaging, storage and disposal of drugs.</p> <p>H. Describe documentation used to communicate medication orders</p> <p>I. Pour medications according to accepted procedure</p> <p>J. Explain the 6 rights of medication administration</p> <p>K. Document medication administration</p> <p>L. Report and record observations.</p> <p><b>KEY TERMS</b><br/> Prescription label<br/> Drug orders<br/> Amber colored container<br/> Discontinued medication<br/> International time<br/> Prescription warning<br/> Medication administration record (MAR)</p> | <p>G. Ordering, packaging, storage, and disposal of drugs</p> <p>H. Documentation:<br/> Medication Record<br/> Self-terminating<br/> Controlled substances</p> <p>I. Pouring medications</p> <p>J. The 6 rights of medication administration:<br/> Drug, dose, patient, route time, documentation</p> <p>K. Charting medications<br/> MAR, principles of charting, reporting medication errors;</p> <p>L. Other types of observations that require recording and reporting</p> |  |  |
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| Medication inventory<br>Medication label<br>Medication error<br>Medication order parts<br>Narcotic<br>Scheduled medication lock<br>box<br>6 Rights of medication<br>administration<br>Liquid medication<br>Oral<br>Rectal<br>Nasal<br>Optic<br>Otic<br>Topical<br>Sub-lingual<br>AC<br>BID<br>Gtt<br>Hs<br>Mg<br>PC<br>PO<br>PRN order<br>tid<br>Hand washing<br>Crushing medications<br>Enteric coatings<br>Suspensions<br>Elixirs<br>Ear drops<br>Swallowing medications |  |  |  |
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| Tablet disposal<br>Tablet color<br>Topical medications/topical sprays<br>Reporting drug errors<br>Aspiration<br>Suppository<br>Unit does packaging<br>Valid prescription<br>Expiration date<br>Administration directions<br>Routine medication<br>Facility policy<br>Transdermal patch<br>Types of orders |   |  |                              |
| <b>Goal 7:</b> Discuss medication properties, uses, adverse effects, administration of, education, and nursing assistant care of residents receiving the following types of medications:  |   |  |                              |
| <b>Unit 7: Vitamins, Minerals, and Herbs</b>  |   |  |                              |
| <b>Objectives</b>   | <b>Content</b>  | <b>Learning Activities</b>   | <b>Minimum Time for Unit</b> |
| A. Identify fat soluble and water soluble vitamins, and minerals<br><br>B. List one function of each vitamin or mineral   | A. Vitamins and minerals<br>1. RDAs/Food sources<br>2. Fat-soluble vitamins (A, D, E, and K)<br>3. Water soluble vitamins<br>4. Minerals<br><br>B. Functions of vitamins and minerals | Emphasize key points and vitamins/minerals commonly given in the facility—do not require memorization-vitamins to learn are in the vocabulary list<br><br>Relate information to their own health and intake of vitamins and diet | Didactic: 1.5 hours          |

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| <p>C. Discuss common herbal supplements, their uses, and the potential dangers.</p> <p><b>KEY TERMS</b><br/> Vitamin A<br/> Vitamin B12 (also in cardiac unit)<br/> Vitamin B2<br/> Vitamin K<br/> Vitamin C<br/> Vitamin D<br/> Calcium<br/> Calcium carbonate<br/> Fat soluble, water soluble vitamins<br/> Garlic<br/> Ginger<br/> Gingko Biloba<br/> Hawthorne<br/> Herbal medications<br/> Iron (also in cardiac unit)<br/> Iron sulfate<br/> Iron preparations<br/> Recommended daily allowances (RDA)<br/> St. John's wort<br/> Folic acid deficiency<br/> Potassium<br/> Anemia<br/> Megadose</p> | <p>C. Herbs and unsafe herbs</p> |  |  |
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## Unit 8: Antimicrobials

| Objectives   | Content  | Learning Activities   | Minimum Time for Unit                                |
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| <p>A. Discuss types of infection, immunity and persons at risk for infection.</p> <p>B. Discuss considerations when administering antibiotics.</p> <p>C. Differentiate major categories of antibiotics and the nursing assistant care and administration considerations associated with each type: penicillins, cephalosporins, tetracyclines, macrolides, aminoglycosides, sulfonimides, quinolones</p> <p>D. Discuss antiviral and antifungal drugs and the nursing assistant care associated with each type.</p> <p>E. Demonstrate administration of medications to residents with transmission-based precautions</p> | <p>A. Microorganisms, the immune system, risks for infections, the geriatric resident</p> <p>B. Considerations when administering antibiotics MRSA, VRE, C-difficile</p> <p>C. Categories, nursing assistant care and administration considerations for: penicillins, cephalosporins, tetracyclines macrolides, aminoglycosides, sulfonimides, quinolones</p> <p>D. Nursing assistant care and administration considerations associated with antiviral and antifungal drugs (Flagyl).</p> <p>E. Review of standard and transmission based precautions, emphasis on</p> | <p>Lecture/discussion with class participation—<br/>Include pertinent information from supplemental articles from the Center for Disease Control (CDC)</p> <p>E. Demonstration/Return demonstration of administration of medications to residents with transmission based precautions—Use</p> | <p>Didactic: 2 hours</p> <p>Lab Practice: 1 hour</p> |

| <b>KEY TERMS</b><br>Antibiotic<br>Antibodies<br>Antiinfective<br>Bacterial Infections<br>Broad spectrum<br>Culture and sensitivity test<br>Infections<br>Levoquin (levofloxacin)<br>Pathogens<br>Oral antibiotic<br>Penicillin<br>Reverse isolation<br>Superinfection<br>Tetracycline<br>Aminoglycosides<br>Narrow spectrum antibiotic<br>Considerations for antibiotics<br>Sulfonamides | considerations when administering medications.  | materials from CDC in instructor manual instead of book for this portion |   |
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| <b>UNIT TEST #2</b>  |   |  |   |
| Unit 9: Eye and Ear Medications  |   |  |   |
| <b>Objectives</b>  | <b>Content</b>  | <b>Learning Activities</b>   | <b>Minimum Time for Unit</b>              |
| A. Describe the structure, function, of the eye and medication administration considerations when administering eye medications  | A. Structure and function of the eye; administration of eye drops/ointments; effects of aging | A-D Lecture/discussion   | Didactic: 2 hours<br>Lab Practice: 1 hour |

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| <p>B. Describe ear and structure, function, and the effect of aging on the auditory system.</p> <p>C. Identify common eye and ear pathology</p> <p>D. Identify common types of ear drops and eye medications</p> <p>E. Demonstrate administration of eye and ear medications (drops/ointments)</p> <p><b>KEY TERMS</b><br/> Eye medications<br/> Eye drops<br/> Eye medication administration<br/> Glaucoma<br/> Hydrocortisone<br/> Neomycin sulfate<br/> Ophthalmic medications</p> | <p>B. Structure and function of the ear; effects of aging</p> <p>C. Common diseases of the eye and ear:<br/> Glaucoma<br/> Eye infections<br/> External otitis<br/> Excess cerumen</p> <p>D. Ear drops/Eye medications<br/> Eye<br/> Polymyxin B<br/> Pilocarpine<br/> Betaxolol<br/> Acetazolamide<br/> Ear<br/> Polymyxin B<br/> Cerumenex</p> <p>E. Procedure for administration of eye and ear medications</p> | <p>E. Demonstration/return demonstration of ear drops and eye medications</p> |  |
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| Tinnitus  |  |  |  |
| <b>Unit 10: Skin Medications</b>  |  |  |  |
| <b>Objectives</b>   | <b>Content</b>   | <b>Learning Activities</b>   | <b>Minimum Time for Unit</b>                     |
| <p>A. Recall structure and function of integumentary system</p> <p>B. Discuss symptoms of skin disorders</p> <p>C. Discuss major categories of topical medications</p> <p>D. Identify those skin medications that should be administered by a licensed nurse.</p> | <p>A. Structure and function of integumentary system</p> <p>B. General symptoms and specific features of common skin disorders<br/> Contact dermatitis<br/> Eczema<br/> Psoriasis<br/> Seborrhic Dermatitis<br/> Infection<br/> Scabies and Pediculosis</p> <p>C. Categories of topical medications: Keratolytics, protectives and astringents, antipruritics, anti-inflammatory, antiseptics, topical anesthetics, miticides, transdermal</p> <p>D. Transdermal patches; medications requiring a sterile dressing change; medications</p> | <p>A-E<br/> Lecture/discussion/possible grand rounds if examples of disorders can be found within facility</p> | <p>Theory: 2 hours<br/> Lab practice: 1 hour</p> |

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| <p>E. Identify general principles for medicating the skin and associated nursing assistant care.</p> <p>F. Demonstrate application of topical medications allowed</p> <p><b>KEY TERMS</b><br/> Antipruritic<br/> Astringents<br/> Calamine/Diphenhydramine<br/> Integumentary system<br/> Itching<br/> Keratolytic agent<br/> Lotion<br/> Nitroglycerin<br/> Pediculocide<br/> Perineal<br/> Psoriasis<br/> Scabies<br/> Skin disorder<br/> Skin rashes<br/> Transdermal Nitroglycerine patch<br/> Triamcinolone</p> | <p>requiring assessment of skin condition<br/> (Require licensed nurse)</p> <p>E. Patient considerations; wound preparation; applying the medication; dressings; follow-up</p> <p>F. Principles of topical medication administration</p> | <p>F. Demonstration/return demonstration</p> |  |
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## Unit 11: Cardiovascular Medications

| Objectives   | Content   | Learning Activities  | Minimum Time for Unit                         |
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| <p>A. Recall structure and function of cardiovascular system</p> <p>B. Discuss symptoms and characteristics of cardiovascular disorders</p> <p>C. Identify characteristics of and nursing assistant activities associated with administration of common classifications of cardiovascular medications within CMA protocols to administer.</p> <p>D. Administer oral cardiovascular drugs applying principles of safe drug administration specific to the</p> | <p>A. Structure and function: heart, blood vessels, electrical conduction; blood pressure, pulse (use Federal Guidelines for norms) blood, lymph, effects of aging</p> <p>B. Cardiovascular symptoms and disorders: CHF, Dysrhythmias, CAD, Blood vessel diseases, Shock, and anemia</p> <p>C. Characteristics of and nursing assistant activity associated with administration of:<br/>Diuretics, antihypertensives, calcium channel blockers, A.C.E. inhibitors, antilipemics, cardiac glycosides, antiarrhythmics, anticoagulants (oral), and hemateminics</p> <p>D. Principles of safely administering cardiovascular medications (pulse for digoxin; pulse and blood pressure for antiarrhythmics)</p> | <p>A-C. Discuss/Lecture/case study</p> <p>D. Demonstration/return demonstration using practice procedure using an antiarrhythmic (propranolol)<br/>Propranolol 10 mg p.o. qid.</p> | <p>Didactic: 3 hours<br/>Practice: 1 hour</p> |

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| <p>resident and drug being administered.</p> <p><b>KEY TERMS</b><br/>         Antianginals<br/>         Antiarrhythmics<br/>         Anticoagulant<br/>         Antihypertensives<br/>         Antilipemics<br/>         Aspirin<br/>         Clonidine (Catapres)<br/>         Congestive heart failure<br/>         Coronary artery disease<br/>         Coumadin<br/>         Digitalis<br/>         Digoxin<br/>         Heart rate<br/>         Hypertension<br/>         Iron<br/>         Lipitor<br/>         Lisinopril (Zestril)<br/>         Orthopnea<br/>         Peripheral vascular disease<br/>         Prothrombin<br/>         Tachycardia<br/>         Edema<br/>         Dyspnea</p> |  | <p>Add take radial pulse and blood pressure and report to nurse before administering—otherwise procedure the same a digoxin.</p> |  |
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| Platelets<br>Pleurisy<br>Pneumonia<br>Vasotec (Enalapril)<br>Vitamin B-12   |  |   |   |
| <b>Unit 12: Respiratory Medications</b>   |  |   |   |
| <b>Objectives</b>   | <b>Content</b>   | <b>Learning activities</b>  | <b>Minimum Time for Unit</b>                |
| <p>A. Recall structure and function of the respiratory system</p> <p>B. Discuss symptoms of respiratory distress and common diseases of the respiratory tract</p> <p>C. Apply principles of safe drug administration and nursing assistant care specific to the disorder when administering oral and nasal respiratory medications.</p> | <p>A. Structure and function of the respiratory system</p> <p>B. Symptoms: Cough, sputum, hoarseness, wheezing, chest pain<br/>Diseases: pneumonia, emphysema, asthma, tuberculosis, upper respiratory infection (colds; strep throat)</p> <p>C. Principles of administering oral and nasal respiratory medications and associated nursing assistant care.</p> | <p>A-B Lecture/Discussion/case study</p> <p>C. Demonstration/return demonstration—nasal medications</p> | <p>Didactic: 2 hours</p> <p>Lab: 1 hour</p> |

| <b>KEY TERMS</b><br>Nasal<br>Rebound<br>Alveoli<br>Antihistamines<br>Antitussives<br>Bronchiole<br>Pleura<br>Trachea<br>Larynx<br>Bronchus<br>Codeine<br>Cough medication<br>Nose drops<br>Albuterol<br>Decongestant<br>Emphysema<br>Histamine<br>Laryngeal edema<br>Pharynx<br>Theophyllin<br>Rifampin |   |                                    |                                   |
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| <b>UNIT TEST # 3</b>  |   |                                    |                                   |
| Unit 13: Gastrointestinal Medications   |   |                                    |                                   |
| <b>Objectives</b>   | <b>Content</b>  | <b>Learning Activities</b>         | <b>Minimum Time for Unit</b>      |
| A. Recall structure and function of the digestive system  | A. Process of digestion; Structure and function of the digestive system | A-C. Lecture/discussion/case study | Didactic: 2 hours<br>Lab: 2 hours |

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| <p>B. Identify symptoms of digestive disorders and characteristics of common disorders of the digestive tract</p> <p>C. Identify common classifications and characteristics of oral and rectal medications that affect the GI system including drugs used for bowel preparation.</p> <p>D. Apply principles of drug administration and nursing assistant care including potential drug interactions when administering oral and rectal drugs that affect the gastrointestinal system</p> | <p>B. Symptoms: Nausea, vomiting, diarrhea, flatulence, eructation, constipation, pain<br/>Common disorders: constipation, tooth and gum disorders, peptic ulcer disease, hepatitis, gallbladder disorders, colitis, diverticulosis, hemorrhoids</p> <p>C. Common classifications of oral and rectal GI drugs: antacids, drugs to treat peptic ulcer, antiemetics, anticholinergics/antispasmodics, Antidiarrheals, anti-inflammatory agents, and laxatives (bowel prep).</p> <p>D. Administering rectal medications; review of oral medications; nursing assistant care/considerations when administering GI drugs/bowel preparation and medicated enemas.</p> | <p>D. Demonstration of administration of rectal suppository and enema /return demonstration</p> |  |
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| <b>KEY TERMS</b><br>Antacids<br>Anticholergic<br>Antiemetic<br>Bulk-forming laxative<br>Colace<br>Constipation<br>Laxatives<br>Lomotil<br>Malabsorbtion<br>Metamucil<br>Milk of magnesia<br>Magnesium based antacid<br>Pancrelipase (Pancrease)<br>Vomiting<br>Zantac<br>Aluminum and calcium based antacid |  |                                 |                              |
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| <b>Unit 14: Urinary System Medications and Medications to Attain Fluid Balance</b>  |  |                                 |                              |
| <b>Objectives</b>   | <b>Content</b>   | <b>Learning Activities</b>      | <b>Minimum Time for Unit</b> |
| A. Recall structure and function of urinary system<br><br>B. Identify signs and symptoms of common disorders of the urinary system. and imbalances of body fluids, electrolytes and acid-base   | A. Review structure and function of urinary system<br><br>B.<br>1.Common disorders of the urinary system: obstruction, infection, renal failure<br>2. Imbalances of fluids, electrolytes, and acid-base<br><br>C. Review antibiotic properties | Lecture/discussion/case studies | Didactic: 1 hour             |

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| <p>C. Recall principles of antibiotics and apply knowledge to treatment of urinary disorders</p> <p>D. Discuss properties of diuretics and oral electrolytes including administration of and associated nursing assistant care.</p> <p><b>KEY TERMS</b><br/> Acidifiers<br/> Alkalizers<br/> Action of diuretic<br/> Discoloration<br/> Hypercalcemia<br/> Hyperkalemia<br/> Hypernatremia<br/> Lasix<br/> Nitrofurantoin (Furadantine)<br/> Loop diuretic<br/> Potassium loss and diuretics<br/> Potassium rich foods<br/> Phenazopyridine (Pyridium)<br/> Thiazide diuretic<br/> Urinary antibacterial</p> | <p>D. Diuretic types: thiazide, potassium sparing, loop, oral potassium; nursing assistant care considerations when administering diuretics and oral potassium</p> |                            |                              |
| <b>Unit 15: Endocrine Medications/Reproductive System</b>  |  |                            |                              |
| <b>Objectives</b>  | <b>Content</b>   | <b>Learning Activities</b> | <b>Minimum Time for Unit</b> |
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| <p>A. Identify structure and function of the endocrine glands: pituitary, thyroid, pancreas, and adrenal gland, reproductive system</p> <p>B. Discuss signs, symptoms and nursing care associated with the following endocrine disorders: diabetes mellitus, disorders of the adrenal gland, thyroid disorders, reproductive system disorders</p> <p>C. Identify the purpose of and administer oral endocrine medications demonstrating application of nursing assistant principles: oral diabetic agents (importance of diet/accuchecks), corticosteroids, thyroid replacement drugs; hormone replacement</p> <p><b>KEY TERMS</b><br/> Corticosteroids<br/> Estrogen<br/> Estradiol (Estrderm)<br/> Fasting sugar<br/> Fludrocortisone (Florinef)<br/> Hormones<br/> Hypoglycemia</p> | <p>A. Structure and function of the endocrine glands</p> <p>B. Signs, symptoms and nurse assistant care of: diabetes mellitus, adrenal disorders, thyroid disorders</p> <p>C. Properties and nursing assistant care associated with administration of: oral diabetic agents (diet/accuchecks), corticosteroids, thyroid replacement drugs; hormone replacement drugs</p> | <p>Lecture/discussion/ case study examples</p> <p>Demonstrate administration/return demonstration (Use oral medication check-off with common endocrine medications in LTC facility and scenarios)</p> | <p>Didactic: 3 hours</p> <p>Lab Practice oral endocrine medications: 1 hour</p> |
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| Hyperglycemia<br>Mineralocorticoids<br>Prednisone<br>Oral hypoglycemics<br>Tolbutamide (Orinase)<br>Thyroid<br>Levothyroxin sodium<br>(Synthroid)<br>Iodine<br>Glipizide (Glucotrol)   |  |   |   |
| <b>Unit 16: Musculoskeletal Medications</b>  |  |   |   |
| <b>Objectives</b>  | <b>Content</b>   | <b>Learning Activities</b>  | <b>Minimum Time for Unit</b>              |
| A. Recall structure and function of the musculoskeletal system<br><br>B. Discuss signs and symptoms, drug treatment and associated nursing assistant principals for the following disorders:<br>Physical injuries, osteoporosis, bursitis, gout, osteoarthritis, and rheumatoid arthritis<br><br>C. Administer drugs for disorders of the musculoskeletal system | A. Structure and function of the musculoskeletal system: bones, joints, and muscles<br><br>B. Signs and symptoms, drug treatment and associated nursing assistant care of residents with:<br>Physical injuries, osteoporosis, bursitis, gout, osteoarthritis, and rheumatoid arthritis<br><br>C. Drug characteristics and administration principles for common drugs used for musculoskeletal disorders: | A-B Lecture/discussion/Case examples<br><br><br><br><br><br><br><br><br>C. Demonstration/return demonstration using NSAIDS prn medication order | Didactic: 2 hours<br>Lab practice: 1 hour |

|   |  |                            |                              |
|---|--|----------------------------|------------------------------|
| <p>applying principles of care for residents with musculoskeletal disorders</p> <p><b>KEY TERMS</b><br/> Aspirin<br/> Advil<br/> Analgesic<br/> Antiarthritic<br/> Carisoprodol(Soma)<br/> Fosamax<br/> Gout<br/> Inflammation<br/> Ibuprofen<br/> Muscle Relaxants<br/> Naproxen (Naprosyn)<br/> NSAIDs<br/> Rheumatoid disorders<br/> Tylenol (acetaminophen)<br/> Uricosuric agents<br/> Osteoporosis<br/> Corticosteroid therapy<br/> Corticosteroids</p> | <p>NSAIDs, Tylenol, methotrexate, antihyperuricemics, muscle relaxants and calcium and other drugs to treat osteoporosis</p> |                            |                              |
| <b>Unit 17: Nervous System/Sensory System Medications</b>   |  |                            |                              |
| <b>Objectives</b>   | <b>Content</b>   | <b>Learning Activities</b> | <b>Minimum Time for Unit</b> |
|   |  |                            | Lecture: 2 hours             |

|   |  |   |                             |
|---|--|---|-----------------------------|
| <p>A. Recall structure and function of the nervous and sensory systems</p> <p>B. Discuss characteristics of nervous system disorders, drug treatment, and associated nursing assistant care: Parkinson's disease, Myasthenia Gravis, Multiple Sclerosis, Epilepsy, and Cerebral Vascular Accident.</p> <p>C. Compare properties of drug classifications that affect the nervous system: Stimulants, Depressants including narcotic analgesics, anticonvulsants, antiparkinson agents</p> <p>D. Apply principles of drug administration for drugs affecting the central nervous system when administering medications.</p> <p>E. Discuss principles of administration of medications to treat pain</p> | <p>A. Review structure and function of the nervous and sensory system</p> <p>B. Nervous system disorders, drug treatment and associated nursing assistant care in the following disorders: Parkinson's disease Myasthenia Gravis, Multiple Sclerosis, Epilepsy, CVA</p> <p>C. Drug classification properties of Stimulants, Depressants including narcotic analgesics, anticonvulsants, antiparkinson agents</p> <p>D. Principles of administering CNS drugs</p> <p>E. Pain control principles Review of observing and reporting resident pain, nursing assistant care to relieve pain, administering medications to</p> | <p>A-E Lecture/Discussion/Case Study</p> <p>Lab practice:<br/>Administering PRN OTC medication for pain</p> | <p>Lab practice: 1 hour</p> |
|---|--|---|-----------------------------|

| <p><b>KEY TERMS</b><br/> Acetaminophen/<br/> Hydrocodone<br/> Anticonvulsants<br/> Antiparkinsonian agents<br/> Central nervous system<br/> Dilantin (phenytoin sodium)<br/> Darvocet<br/> Dizziness<br/> Drug dependence<br/> Parkinson's Disease<br/> Seizures<br/> Stimulants<br/> Ticlodipine (Ticlid)</p> | <p>relieve pain, reporting response to nurse</p>  |  |                              |
|--|---|--|------------------------------|
| <b>UNIT TEST #4</b>  |   |  |                              |
| Unit 18: Psychotropic Medications  |   |  |                              |
| <b>Objectives</b>  | <b>Content</b>  | <b>Learning Activities</b>                   | <b>Minimum Time for Unit</b> |
| <p>A. Identify the signs and symptoms of major mental disorders: depression, psychosis, anxiety, bi-polar disorder</p>   | <p>A. Signs and symptoms of major mental disorders: depression, anxiety, psychosis, bi-polar disorder</p> | <p>A-B<br/> Lecture/discussion/exemplars</p> | <p>Didactic: 2 hours</p>     |

|  |  |   |  |
|--|--|---|--|
| <p>B. Describe classifications of psychotropic drugs, their uses and associated nursing assistant activities.</p> <p>C. Apply legal, ethical, and nursing assistant caring behaviors when administering psychotropic drugs.</p> <p><b>KEY TERMS</b><br/> Antipsychotic<br/> Ativan<br/> Benzodiazepine<br/> Bi-polar disorder<br/> Depression<br/> Extrapyramidal symptoms (EPS)<br/> Hallucination<br/> Haloperidol (Haldol)<br/> Librium<br/> Monoamine oxidase inhibitor (MAOI)<br/> Paroxetine (Paxil)<br/> Fluphenazine (Prolixin)<br/> Fluoxetine (Prozac)<br/> Sedative<br/> Selective serotonin reuptake inhibitor (SSRI)<br/> Diazepam (Valium)</p> | <p>B. Psychotropic drug classifications:<br/> Antidepressants: tricyclic, SSRI's<br/> Anti-anxiety agents, sedatives, antipsychotics, and lithium</p> <p>C. Legal-ethical considerations; caring behaviors in administering psychotropic drugs</p> | <p>C. Role play scenarios that incorporate refusal of medication and legal/ethical principles</p> |  |
|--|--|---|--|

|                              |  |
|------------------------------|--|
| <b>Final Exam:</b>           | <b>1 hour (add extra questions on psychotropic medications since it was not covered in previous unit exam)</b> |
| <b>Skill Check-off Exam:</b> | <b>1 hour</b>  |
| <b>Didactic Instruction:</b> | <b>39 hours</b>  |
| <b>Tests:</b>                | <b>6 hours (four unit tests, a dosage calculation test, and a comprehensive final)</b>                         |
| <b>Total Didactic:</b>       | <b>45 hours</b>  |
| <b>Lab:</b>                  | <b>14 hours</b>  |
| <b>Check-offs:</b>           | <b>1 hour</b>  |
| <b>Total Lab:</b>            | <b>15 hours</b>  |
| <b>Didactic + Lab:</b>       | <b>60 hours</b>  |

**Doug Ducey**  
Governor



**Joey Ridenour**  
Executive Director

## *Arizona State Board of Nursing*

### Medication Assistant Training Program Course Schedule

A copy of the medication assistant training program course schedule must be completed and returned with the application for program approval and supporting documentation. The course schedule must be provided to students along with a copy of the curriculum and other documentation required in accordance with A.R.S § 32-1650.01(E).

| <b>CLASS DAY GOAL<br/>WILL BE TAUGHT<br/>M/T/W or 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></b> | <b>GOAL/UNIT</b>   |
|--|--|
|  | Goal 1: Explain the role of the medication assistant in Arizona including allowable acts, conditions, and restrictions.<br>Unit 1: Role of Medication Assistant  |
|  | Goal 2: Discuss principles, terminology, laws, and drug references as they apply to administration of medications.<br>Unit 2: Laws and Drug References   |
|  | Goal 3: Explain principles of medication action.<br>Unit 3: Principles of Medication Action  |
|  | Goal 4: Explain principles of medication administration and nursing care considerations when administering medications to clients of all ages.<br>Unit 4: Life Span Considerations   |
|  | Goal 5: Accurately calculate medication dosages.<br>Unit 5: Medication Calculation   |
|  | <b>DOSAGE CALCULATION TEST</b>   |
|  | Goal 6: Describe measures to promote safe medication administration in health care facilities.<br>Unit 6: Promoting Safe Medication Administration   |
|  | Goal 7: Discuss medication properties, uses, adverse effects, administration of, education, and nursing assistant care of residents receiving the following types of medications:<br>Unit 7: Vitamins, minerals, and herbs |

| <b>CLASS DAY GOAL<br/>WILL BE TAUGHT<br/>M/T/W or 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></b> | <b>GOAL/UNIT</b>  |
|--|---|
|  | Unit 8: Antimicrobials  |
|  | UNIT TEST #2  |
|  | Unit 9: Eye and Ear medications   |
|  | Unit 10: Skin medications   |
|  | Unit 11: Cardiovascular medications   |
|  | Unit 12: Respiratory medications  |
|  | Unit 13: Gastrointestinal medications                                       |
|  | Unit 14: Urinary system medications and medications to attain fluid balance |
|  | Unit 15: Endocrine medications/reproductive system                          |
|  | Unit 16: Musculoskeletal medications  |
|  | Unit 17: Nervous System/Sensory System Medications                          |
|  | UNIT TEST #4  |
|  | Unit 18: Psychotropic medications   |



## *Arizona State Board of Nursing*

### Frequently Asked Questions for Medication Assistant Training Programs

1. Are all CNA programs approved by the Arizona State Board of Nursing automatically eligible for approval to train medication assistants?

No. An applicant for a medication assistant training program must be either

1. A postsecondary education institution in Arizona accredited by an accrediting agency recognized by the United States Department of Education.
2. A postsecondary school that is licensed by a private postsecondary education board.
3. A long-term care facility that is licensed by the department of health services.

2. How long does it take to receive approval for a medication assistant (CMA) Training Program?

Applications must be received via U.S. mail or hand delivery at the Board offices at least ninety (90) days before the intended start date of classes. Upon receipt Board staff will review the application for administrative completeness. An application deficiency notice will be sent if there are any necessary documentation missing from the application packet. Once all material is received, Board staff will make a recommendation to the Board. A copy of the approval report will be sent to the applicant indicating whether or not the Board approved the application.

3. When/how should changes to a CMA program be reported to the Board?

A medication assistant training program must submit written documentation of program changes to the Board within thirty (30) days of the proposed change. CMA programs are required to submit a Notice of Program Change form. This form is available on the Arizona State Board of Nursing website at [www.azbn.gov](http://www.azbn.gov) under the 'Education' tab and then under 'Educational Resources'. The following changes must receive Board approval before being instituted:

- change of instructor
- program hours
- classroom location;
- clinical facility
- name of program and/or ownership of the facility.

4. What are the qualifications for an instructor of a medication assistant training program?

A medication assistant training program instructor must have

- an unrestricted registered nursing license or multi-state privilege; and
- at least forty hours of experience administering medications in a licensed long-term care facility.

5. Can a licensed practical nurse be an instructor in a Board approved medication assistant training program?

No. A medication assistant training program instructor must have an unrestricted registered nursing license.

6. Can a medication assistant training program have additional sites like consolidated NA training programs?

No.

7. Is the Board approved curriculum optional for medication assistant training programs like the NA curriculum is optional for NA training programs?

No. It is mandatory to use the Board approved curriculum. Programs may include additional instruction on medication administration to children but may not exclude any other portion of the approved curriculum.



## *Arizona State Board of Nursing*

### Frequently Asked Questions Medication Assistants (CMA)

1. What is a certified medication assistant (CMA)?

A certified medication assistant (CMA) is a certified nursing assistant, active and in good standing, who has received additional training from a Board approved medication assistant training program preparing for a role in administering medications under the supervision of a licensed nurse.

2. What is the difference between a certified nursing assistant (CNA) and a CMA?

Certified Nursing Assistant (CNA) are trained and certified to help nurses by providing nursing assistance to patients. Medication administration is not within a CNA's scope of practice. Certified medication assistants perform CNA duties and are certified to administer medication under the supervision of a licensed nurse.

3. Can a medication assistant prescribe and dispense?

No. Medication assistants may not prescribe and dispense medications. Medication assistants may only administer those medications authorized by ARS § 32-1650.

4. Does a certified medication assistant have to maintain an active CNA certification?

Yes.

5. How old do I have to be to be certified?

Pursuant to A.R.S. § 32-1650.02(A)(5) a person who wishes to practice as a certified medication assistant must be at least eighteen (18) years of age.

6. How do I become a Certified Medication Assistant in the State of Arizona?

Pursuant to A.R.S. § 32-1650.02, a person who wishes to practice as a medication assistant must:

1. File an application on a form prescribed by the board accompanied by a fee prescribed by the board by rule.
2. Submit a statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, that indicates the date of absolute discharge from the sentences for all felony convictions.
3. Have been certified as a nursing assistant for at least six months before the start of the medication assistant training program and have no outstanding complaints or restrictions on the nursing assistant certification.
4. Hold one of the following:
  - (a) a diploma issued by a high school that is located in the united states;

- (b) a general equivalency diploma issued in the united states;
  - (c) a transcript from a nationally or regionally accredited postsecondary school located in the united states or from the united states military that documents successful completion of college-level coursework;
  - (d) evidence of completing at least twelve years of education in a foreign country and, if the language of that country was other than English, a passing score on an English language proficiency examination as determined by the board.
5. Be at least eighteen years of age.
  6. Provide documentation directly from the program of successfully completing an approved medication assistant training program.
  7. Have passed a competency examination pursuant to section 32-1650.03.
  8. Submit a full set of fingerprints under section 32-1606, subsection b, paragraph 15.

7. Can I challenge the state Medication Assistant certification exam?

No.

8. Can I become a Certified Medication Assistant if I have a felony conviction?

No. The board shall revoke a certificate or deny an application for certification or recertification of a person who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing an application pursuant to this chapter.

9. How often do I need to renew my medication assistant certification and what is the process?

Renewal of the medication assistant certification (CMA) will be every two (2) years. A medication assistant who is certified pursuant to 32-1650.02 may apply for recertification before expiration of the certificate if that person:

1. Submits an application on a board prescribed form accompanied by a fee prescribed by the board by rule before the expiration date on the certificate.
2. Submits an affidavit with the application that the applicant has practiced as a medication assistant for at least one hundred sixty hours in the past two years.
3. Submits an affidavit with the application that indicates whether the applicant has been convicted of a felony, and if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions.
4. Submits a current application to renew the person's nursing assistant certificate or holds a current nursing assistant certificate.

If the current medication assistant certificate has expired, the board may assess a late fee as prescribed by the board by rule. A medication assistant who practices with an expired certificate commits an act of unprofessional conduct and is subject to disciplinary action pursuant to this chapter.

**HB2469**  
Introduced by  
Representatives Goodale, Chabin, Gowan: Antenori,  
Barto, Burges, Jones,  
Mason, Montenegro, Schapira, Seel

AN ACT

AMENDING SECTIONS 32-1601, 32-1606, 32-1666 AND 32-1667, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 15, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 32-1650, 32-1650.01, 32-1650.02, 32-1650.03, 32-1650.04, 32-1650.05, 32-1650.06 AND 32-1650.07; RELATING TO THE BOARD OF NURSING.

### 32-1650. Certified Medication Assistants; Medication Administration; Delegation

- A. A nurse who is licensed pursuant to this chapter may delegate medication administration to a nursing assistant who is certified by the board as a medication assistant or to a student in an approved medication assistant program under the following conditions:
1. The recipient of the medication is a resident of a licensed long-term care facility.
  2. Delegated medications are limited to:
    - (a) regularly scheduled medications, including controlled substances by oral, topical, nasal, otic, optic and rectal routes.
    - (b) following the nurse's assessment of the resident's need for the medication and at the direction of the nurse, as-needed medications for bowel care or over-the-counter analgesics. The nurse shall evaluate the effect of the medication and document findings in the resident's record.
  3. The delegating nurse maintains accountability for the delegation and management of the resident's medications.
- B. A nurse may not delegate to a medication assistant:
1. If the delegation would pose an unacceptable risk of harm or jeopardize the health or welfare of the resident in the nurse's professional judgment or if safe delegation cannot be accomplished;
  2. The first dose of a new medication or of a previously prescribed medication if the dosage is changed;
  3. Any new medication that arrives from the pharmacy without ensuring that it reflects the original prescription;
  4. As-needed medications except as provided in this section;
  5. The counting of controlled substances at the beginning and end of a shift;
  6. Any medication delivered by a needle or by intradermal, subcutaneous, intramuscular, intravenous, intrathecal and intraosseous routes;
  7. The administration of any medication that must be inserted into a nasogastric tube or gastric tube;
  8. Changing oxygen settings or turning oxygen on or off;
  9. The administration of inhalant medications;
  10. The regulation of intravenous fluids or the programming of insulin pumps;
  11. The administration of topical patches and topical medications that require a sterile dressing or assessment of skin condition;
  12. The administration of sublingual medications;
  13. The administration of any medication that requires a mathematical calculation of dosage.

#### 32-1650.01. Medication assistant training programs; requirements

- A. The board shall approve medication assistant training programs pursuant to this section and rules adopted by the board. An entity that applies for approval of a medication assistant training program must be either:
1. A postsecondary education institution in this state that is accredited by an accrediting agency recognized by the United States Department of Education.

2. A postsecondary school that is licensed by a private postsecondary education board.
  3. A long-term care facility that is licensed by the department of health services.
- B. An applicant for a medication assistant training program must:
1. Submit an application on a form and in a manner prescribed by the board that shows compliance with this chapter and board rules and that is accompanied by a fee prescribed by the board by rule.
  2. Implement a minimum one hundred hour curriculum that is consistent with the curriculum requirements of a board pilot program that allows certified nursing assistants to administer medication or that is specified by the board by rule.
  3. Schedule classroom instruction so that there are not more than four hours of classroom instruction in any one day.
  4. Implement admission criteria that are consistent with the requirements of section 32-1650.02.
  5. Screen potential students for mathematics and reading comprehension skills that are necessary to understand written material and to safely administer medications.
  6. Administer at least three separate unit examinations and a comprehensive final examination that students must pass to progress in the program.
  7. Provide course policies regarding attendance, clinical supervision, course completion requirements, passing examination scores and make-up examinations.
  8. Ensure that a course instructor has an unrestricted registered nursing license or multistate privilege and at least forty hours of experience administering medications in a licensed long-term care facility.
  9. Meet other requirements as specified by the board by rule.
- C. The board or its authorized agent shall review the application and provide a written analysis of the applicant's compliance with the requirements in this section and board rules. The board shall notify the applicant of any deficiencies in the application. If the board determines that the program meets the requirements prescribed in this chapter and board rules and that approval is in the best interest of the public, the board shall approve the program for a period of not more than four years.
- D. The board's authorized employees or representatives periodically may review and conduct a site visit of all approved medication assistant training programs in this state and file written reports of these reviews or site visits with the board. If the board determines that an approved medication assistant training program is not maintaining the required standards, it shall immediately give written notice to the program specifying the defects. If the defects are not corrected within a reasonable time as determined by the board, the board may take either of the following actions:
1. Restrict the program's ability to admit new students until the program complies with board standards.
  2. Revoke the approval of the program for a period of two years.
- E. An approved medication assistant training program must maintain accurate and current records for at least five years, including the full theoretical and practical curriculum provided to each student.

- F. The training program must furnish a copy of a student's certificate of completion to the board within ten days after each student successfully completes a medication assistant training program.

#### 32-1650.02. Certified Medication Assistants; Qualifications

- A. A person who wishes to practice as a medication assistant must:
  - 1. File an application on a form prescribed by the board accompanied by a fee prescribed by the board by rule.
  - 2. Submit a statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, that indicates the date of absolute discharge from the sentences for all felony convictions.
  - 3. Have been certified as a nursing assistant for at least six months before the start of the medication assistant training program and have no outstanding complaints or restrictions on the nursing assistant certification.
  - 4. Hold one of the following:
    - (a) a diploma issued by a high school that is located in the united states;
    - (b) a general equivalency diploma issued in the united states;
    - (c) a transcript from a nationally or regionally accredited postsecondary school located in the united states or from the united states military that documents successful completion of college-level coursework;
    - (d) evidence of completing at least twelve years of education in a foreign country and, if the language of that country was other than English, a passing score on an English language proficiency examination as determined by the board.
  - 5. Be at least eighteen years of age.
  - 6. Provide documentation directly from the program of successfully completing an approved medication assistant training program.
  - 7. Have passed a competency examination pursuant to section 32-1650.03.
  - 8. Submit a full set of fingerprints under section 32-1606, subsection b, paragraph 15.
- B. The board shall certify a person as a medication assistant who meets the qualifications of this section for a period of not more than two years. The person's medication assistant certification expires at the same time the person's nursing assistant certification expires.

#### 32-1650.03. Certified Medication Assistants; Examination requirements

- A. An applicant for certification as a medication assistant must pass a written and manual skills competency examination on subjects contained in a medication assistant training program approved by the board.
- B. The board may contract with a private entity to conduct the medication assistant competency examination. The board shall require as part of this contract that the entity provide notice of the examination procedure to applicants.

- C. If an applicant fails to pass a competency examination within one year after completing a medication assistant training program, the applicant must complete to the board's satisfaction an approved medication assistant training program before the applicant may take the examination again.

#### 32-1650.04. Certified Medication Assistants; Reciprocity

A nursing assistant who is certified as a medication assistant by another state qualifies for certification as a certified medication assistant in this state if the applicant:

1. Completes an application on a board prescribed form and submits the fee prescribed by the board by rule.
2. Submits evidence of completion of at least a one hundred hour curriculum in a medication assistant training program.
3. Successfully passes the board approved competency examination pursuant to section 32-1650.03.
4. Has practiced as a medication assistant for at least one hundred sixty hours in the past two years or has completed the training program in the past year.
5. Meets all other requirements of this chapter and board rules.

#### 32-1650.05. Certified Medication Assistants; Recertification; unprofessional conduct

- A. A medication assistant who is certified pursuant to 32-1650.02 may apply for recertification before expiration of the certificate if that person:
  1. Submits an application on a board prescribed form accompanied by a fee prescribed by the board by rule before the expiration date on the certificate.
  2. Submits an affidavit with the application that the applicant has practiced as a medication assistant for at least one hundred sixty hours in the past two years.
  3. Submits an affidavit with the application that indicates whether the applicant has been convicted of a felony, and if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions.
  4. Submits a current application to renew the person's nursing assistant certificate or holds a current nursing assistant certificate.
- B. If the current medication assistant certificate has expired, the board may assess a late fee as prescribed by the board by rule. A medication assistant who practices with an expired certificate commits an act of unprofessional conduct and is subject to disciplinary action pursuant to this chapter.

#### 32-1650.06. Certified Medication Assistants; Disciplinary Actions; Civil Penalties; Revocation or Denial of Certificate

- A. In regulating medication assistants, the board may:
  1. Refer criminal violations to the appropriate law enforcement agency.
  2. File a letter of concern if the board believes there is insufficient evidence to support direct action against a medication assistant's certificate but sufficient evidence for the board to notify a medication assistant of its concern.

3. Issue a decree of censure for a violation of this chapter or board rules.
4. Deny certification or recertification or take disciplinary action if a medication assistant commits an act of unprofessional conduct.
5. In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars.

B. The board shall revoke a certificate or deny an application for certification or recertification of a person who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing an application pursuant to this chapter.

39 32-1650.07. Certified medication assistants; use of title

Only a person who is certified as a medication assistant by the board may:

1. Use the title "certified medication assistant" or "Medication Assistant-Certified".
2. Use the initials "MA-C".
3. Claim to be certified as a medication assistant.

Sec. 4. Section 32-1666, Arizona Revised Statutes, is amended to read:

32-1666. Unlawful acts

A. It is unlawful for a person who is not licensed or certified under this chapter to:

1. Practice or offer to practice as a registered or practical nurse, registered nurse practitioner or clinical nurse specialist in this state.
2. Represent or use any title, abbreviation, letters, figures, sign, card or device to indicate that the person or any other person is a registered nurse, graduate nurse, professional nurse, nurse practitioner, clinical nurse specialist or practical nurse.
3. Represent or use any title, abbreviation, letters, sign, card or device to indicate that the person or any other person is a certified nursing assistant PURSUANT TO THIS CHAPTER.

B. It is unlawful for a person to operate a nursing program or a nursing assistant training program TRAINING OR EDUCATIONAL PROGRAM TO PREPARE STUDENTS FOR LICENSURE OR CERTIFICATION UNDER THIS CHAPTER unless it has been approved under this chapter.

Sec. 5. Section 32-1667, Arizona Revised Statutes, is amended to read:

32-1667. Violations; classification

A person is guilty of a class 6 felony who:

1. Sells or fraudulently obtains or furnishes any nursing diploma, certificate, license, permit or record.
2. Engages in any conduct prohibited in section 32-1666.
3. Operates a nursing program or a nursing assistant training OR EDUCATIONAL program REGULATED PURSUANT TO THIS CHAPTER unless the program is a currently approved program.

4. Practices nursing OR ADVANCED PRACTICE NURSING under cover of any diploma, license, permit or record illegally or fraudulently obtained, signed or issued unlawfully or because of fraudulent representation.

#### Sec. 6. Medication Assistants; Deemed Status

Notwithstanding any other law, a medication assistant who has successfully participated in a pilot program that has been approved by the Arizona state board of nursing to allow nursing assistants to administer medication and who applies for certification as a medication assistant within one year after the effective date of this act is deemed to have met the education and examination requirements of sections 32-1650.02 and 32-1650.03, Arizona Revised Statutes, as added by this act.

# DOCUMENTATION USED BY BOARD STAFF

The following documents are included for your information only:  
Notice of Inspection Rights: Disclosure Verification  
Program Approval/Site Visit Report

**NOTICE OF INSPECTION RIGHTS: DISCLOSURE VERIFICATION**

|   |       |
|---|-------|
| <b>Premises Subject to Inspection/Examination</b> |       |
| Name:   | _____ |
| Location:   | _____ |
| Mailing Address (if different):                   | _____ |
| Telephone:  | _____ |

|                                 |             |
|---------------------------------|-------------|
| <b>[Agency] Information</b>     |             |
| Date of Inspection: ___/___/___ | Time: _____ |
| Inspector/Examiner:             | _____       |
| Accompanied by:                 | _____       |

1. This inspection is conducted under the authority of Arizona Revised Statutes (ARS) § 32-1606 (B) 2 (NA programs); 32-1644(B) (new RN/PN programs); 32-1644 (D) (existing RN/PN programs); 32-1644 (C) (nationally accredited programs); 32-1650.01 (D) (CMA programs)
2. The purpose of this inspection is:  

To determine compliance with Arizona Administrative Code (A.A.C.)  
R4-19-201-206 (RN/PN programs)  
A.R.S. § 32-1650.01D (CMA programs)  
R4-19-801-804 (CNA programs)  
and Code of Federal Regulations: 42 CFR s483.150-152 &154 (CNA programs)
3. An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.

SCHOOL CODE : \_\_\_\_\_

4. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
5. Each person interviewed during this inspection will be informed that statements made by the person may be included in the inspection report.
6. Each person whose conversation is tape recorded during the inspection will be informed that the conversation is being tape recorded.
7. If you have questions regarding this inspection, you may contact: Pamela K. Randolph, RN, MS, Associate Director of Education and Evidence-based Regulation at (602) 771-7803 [prandolph@azbn.gov](mailto:prandolph@azbn.gov); or Frannie Breed, RN, BSN, Education Consultant at (602) 771-7857, [fbreed@azbn.gov](mailto:fbreed@azbn.gov).
8. You have the right to appeal a final decision of the [agency] if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 *et seq.*, and rights relating to appeal of a final agency decision are found in A.R.S. § 12-901 *et seq.*
9. If you have questions regarding your right to appeal an enforcement action taken by the agency based on the results of this inspection, you may contact:

Office of Ombudsman-Citizens' Aide  
3737 North 7<sup>th</sup> Street, Suite 209  
Phoenix, AZ 85014  
(602) 277-7292; 1(800) 872-2879  
Fax: (602) 277-7312  
Website: [www.azleg.state.az.us/ombudsman/default.htm](http://www.azleg.state.az.us/ombudsman/default.htm)  
Email: [ombuds@azoca.gov](mailto:ombuds@azoca.gov)

**VERIFICATION**

Upon entry on to the premises for this inspection, the agency inspector/investigator identified above presented documentation that they are agency employees or authorized agents and photo identification and review with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the agency representatives may nevertheless proceed with the inspection/examination.

\_\_\_\_\_  
Signature and Title of Licensee or Authorized  
On-Site Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Licensee or Authorized On-Site  
Representative, Refused to Sign this Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspector/Investigator

\_\_\_\_\_  
Date



**Doug Ducey**  
Governor

**Joey Ridenour**  
Executive Director

*Arizona State Board of Nursing*

**MEDICATION ASSISTANT TRAINING PROGRAM  
APPROVAL REPORT**

The following site visit report is used as a tool for evaluation of compliance with state laws regarding medication assistant training. Once granted approval the initial or renewing program will receive a copy of the completed report.

**PROGRAM INFORMATION**

|                 |   |                         |
|-----------------|---|-------------------------|
| Name of Program | NA Training Program<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NA Code # if applicable |
|-----------------|---|-------------------------|

Name of Program Administrator

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

|             |       |
|-------------|-------|
| Telephone # | Fax # |
|-------------|-------|

|               |         |
|---------------|---------|
| Email Address | Website |
|---------------|---------|

Accrediting Agency

**ADMISSION CRITERIA**

|                          |                         |                       |
|--------------------------|-------------------------|-----------------------|
| Competency Exam(s) Used: | Required Minimum Scores |                       |
|                          | Mathematics             | Reading Comprehension |

|                  |  |               |                       |
|------------------|--|---------------|-----------------------|
| Application Date | Site Visit Conducted<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Visit | Purpose of Site Visit |
|------------------|--|---------------|-----------------------|

Person(s) Interviewed

Relevant History

**PROGRAM STAFF – 32-1650.01.(B)(8)**

Medication assistant program instructors shall hold a registered nursing license in good standing; Instructors shall have at least forty (40) hours of experience administering medications in a licensed long-term care facility; Instructors shall have experience teaching adults. The following information must be provided for each instructor.

|                                 |              |
|---------------------------------|--------------|
| Name (as it appears on license) | RN License # |
|---------------------------------|--------------|

**PLEASE PROVIDE EVIDENCE OF THE FOLLOWING:**

Forty (40) hours of experience administering medications in a licensed long-term care facility.

| FACILITY NAME/LOCATION | POSITION | CLINICAL AREA | FROM<br>MONTH/YEAR | TO<br>MONTH/YEAR |
|------------------------|----------|---------------|--------------------|------------------|
|                        |          |               |                    |                  |
|                        |          |               |                    |                  |

Experience teaching adults.

| LOCATION | CLASS YOU TAUGHT | FROM<br>MONTH/YEAR | TO<br>MONTH/YEAR |
|----------|------------------|--------------------|------------------|
|          |                  |                    |                  |
|          |                  |                    |                  |

**STUDENT DATA**

|   |   |         |        |
|---|---|---------|--------|
| Average Number in Class   |   |         |        |
| Number Trained in Last 4 Years<br>(At least one class held in previous approval period.)          |   |         |        |
| Pass Rate<br>(At least one graduate took the certification exam within previous approval period.) | <table border="1"> <tr> <td>Written</td> <td>Manual</td> </tr> </table> | Written | Manual |
| Written   | Manual  |         |        |

**PROGRAM DOCUMENT REVIEW**

| Reviewed | Document   | Comments |
|----------|--|----------|
|          | <b>Certificate of Completion</b><br>Includes program name and address; number of classroom, clinical, and traineeship hours; end date of program; program number; signature of program coordinator, instructor and/or administrator of facility.                                     |          |
|          | <b>Check-off Sheets Used to Verify Clinical Practice</b>   |          |
|          | <b>Curriculum That Meets Minimum Hour Requirements</b><br>Evidence that written curriculum plan given to each student.<br><br>Curriculum must contain all objective content of state approved curriculum. Additional content may be added on medication administration for children. |          |

**PROGRAM DOCUMENT REVIEW CONTINUED**

| <b>Reviewed</b> | <b>Document</b>  | <b>Comments</b> |
|-----------------|--|-----------------|
|                 | <p><b>Course Schedule</b><br/>Schedule classroom instruction so that there are not more than four hours of classroom instruction in any one day.</p>   |                 |
|                 | <p><b>Clinical Contracts for Non-Facility Programs</b><br/>Written agreement between the program and each external clinical facility which defines rights and responsibilities of the program and the clinical facility; the role and authority of the governing bodies of both the clinical facility and the program; identifies that program instructors have the right to select learning experiences; contains a termination clause.</p> |                 |
|                 | <p><b>List Clinical Facilities:</b></p>  |                 |
|                 | <p><b>Students Identified in Clinical Setting:</b> In clinical setting students are identified as students and not utilized as staff. Have name badge signifying "student".</p>  |                 |
|                 | <p><b>Evaluation of Course to be Completed by Student</b><br/>Provides opportunity to evaluate quality of classroom instruction, teaching methods, textbook, learning experiences, and clinical experiences.</p>   |                 |
|                 | <p><b>Course Evaluation Results</b><br/>Summaries maintained for each cohort of students in previous approval period.</p>  |                 |

**CURRICULUM CHECKLIST**

**HOURS – 32-1650.01.(B)(2)**

|  |              |
|--|--------------|
| Minimum 100-Hour Program Divided Between Theory & Clinical | Total Hours: |
|--|--------------|

|                  |                   |  |
|------------------|-------------------|--|
| <b>DIDACTIC:</b> | <b>SKILL LAB:</b> | <b>CLINICAL<br/>DIRECT<br/>SUPERVISED:</b> |
|------------------|-------------------|--|

**Textbook Reference Materials**

**Textbook**  
Current Edition Published within the past 5 years:

**Current Reference Materials**  
Materials are relevant, appropriate for level of instruction:

| <b>POLICIES</b>                   |   |                 |
|-----------------------------------|---|-----------------|
| <b>Reviewed</b>                   | <b>Policies Provided to Students</b> all are dated, identify effective dates, reviewed dates and revision dates are consistent with parent institution Policies & Procedures, and includes policies addressing: | <b>Comments</b> |
|                                   | <b>Admission Requirements</b><br>Criminal background, drug testing  |                 |
|                                   | <b>Fees and Financial Aid</b>   |                 |
|                                   | <b>Student Rights and Responsibilities</b>  |                 |
|                                   | <b>Attendance</b><br>Addresses makeup policies for time missed and ensures compliance with the minimum 100 hours or equivalent.   |                 |
|                                   | <b>Grading Test Retake</b><br>Identifies attainment of at least 75% on each theoretical exam and 80% on comprehensive final exam, test retakes (addresses competencies in original, contains different items.)  |                 |
|                                   | <b>Program Completion Requirements</b>  |                 |
|                                   | <b>Student Grievance</b><br>Identifies chain of command for grade disputes  |                 |
|                                   | <b>Dismissal</b>  |                 |
|                                   | <b>Withdrawal</b>   |                 |
|                                   | <b>Student Record Maintenance</b><br>Identifies which program and student records will be maintained; length of time these files/records will be maintained; and where they are maintained.                     |                 |
| <b>FACILITIES &amp; RESOURCES</b> |   |                 |
| <b>Reviewed</b>                   | <b>Area/Item</b>  | <b>Comments</b> |
|                                   | <b>Classroom Space Adequate</b><br>Well lighted; ventilated, distraction free, clean. Comparable to other approved programs.  |                 |
|                                   | <b>Clinical Lab Resources</b>   |                 |
|                                   | <b>AV Equipment and Media</b>   |                 |

| <b>PROGRAM APPROVAL REPORT SUMMARY</b>   |   |                 |
|--|---|-----------------|
| <b>Topics Discussed with Instructor:</b> |   |                 |
| <b>Program Strengths:</b>                |   |                 |
| <b>Program Weaknesses:</b>               |   |                 |
| <b>Recommendations:</b>                  |   |                 |
| <b>OFFICIAL USE ONLY</b>                 |   |                 |
| Name/Signature of Reviewer               |   | Date            |
| Recommendation to Board:                 |   |                 |
| Board Date                               | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Approval Period |