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APPLICATION FOR PROSPECTIVE PILOT FACILITIES PILOT STUDY MEDICATION TECHNICIAN PROJECT

Long Term Care Facility Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Contact Person Name and Title _____

Phone _____ E-mail Address _____

ADHS Grade _____ Date of Last Regular Survey _____

Date of last complaint survey, if any: _____

Medication Error Rates (last 2 rates received from AZDHS):

Date _____ rate _____

Date _____ rate _____

Resident Beds/Estimated Usual Census:

	Beds	Usual Census
LTC		
Subacute		
Other		

Total Facility Beds: _____

Nursing Personnel employed/vacancies:

Employed: _____ RN _____ LPN _____ CNA

Vacancies: _____ RN _____ LPN _____ CNA

Units including number of residents where you plan to use PSMTs

Name of Unit	Number of LTC Residents

CNAs employed by your facility who have been identified as potential PSMT participants

Name	CNA Certification Number	Highest Education Level	Length of Employment (months)

Identified Instructors

Please list personnel who you have identified as potential instructors. Instruction criteria include: 1 year LTC facility nursing experience and teaching experience.

Name	RN License #	Years of Teaching Experience	Years of Patient Care/Nursing Experience	Years of LTC Nursing Experience

Attach the following documents:

- Copies of the last 2 annual DHS survey reports
- A letter signed by the facility administrator verifying your facility’s ability to participate in the following aspect of the project:
 - Pay a participant fee of \$5,000 within 10 days of being notified of selection to help offset the cost of the research;
 - Provide qualified personnel (instructors) and financial support for training, and competency testing (approximately \$100 per participant) of pilot study medication technicians;
 - Assist in the collection and compilation of data;
 - Provide assistance to the researcher including space for work, access to resident charts, access to reports, and any other assistance requested;
 - Allow DHS and the ABON to survey the training program and/or facility with or without notice;
 - Provide all course materials to PSMT students including textbooks, practice medication cart, practice medications, medication administration records, and any other materials needed;
 - Provide a classroom and laboratory for training and practice that includes seating and writing surfaces for all students, and any other AV equipment needed to enhance delivery of course content;
 - Provide financial support for instructors to attend a minimum 15-hour training session (approximately \$100 per instructor); and
 - Cover travel, supplies and incidental costs that are incurred by the Board to provide education to nurses on delegation responsibilities (at State of Arizona travel reimbursement rate for actual cost of supplies).

Person completing application:

Name _____ Phone _____ E-Mail _____

Title/Position _____

Verification

The undersigned verifies that he/she has the authority to enroll the facility in the Pilot Study Medication Technician Project, and that the information provided is true in every respect; that h/she has not suppressed any information that would affect this application.

Signature _____ Date _____

Title/Position _____

Return the completed application by **November 1, 2005** to:

Pamela Randolph
Education Consultant
Arizona State Board of Nursing
1651 E. Morten STE 210
Phoenix, AZ 85020

Applications received after November 1, 2005 will be returned to the sender.