

ARIZONA STATE BOARD OF NURSING
CERTIFIED MEDICATION ASSISTANT (CMA) APPLICATION INSTRUCTIONS
REQUIREMENTS FOR CERTIFICATION IN ARIZONA

CMA's seeking certification as a CMA shall meet the following requirements

- Be at least 18 years old.
- Hold one of the following:
 - A diploma from a high school located in the USA
OR
 - A General Equivalency diploma (GED) issued in the USA
OR
 - A transcript that documents successful completion of college level coursework from an accredited post secondary school or the US military.
OR
 - If foreign educated, has documentation of completing at least 12 years of education. If the official language of the country was not English, must pass an English language proficiency exam (see page 2).
- Have been certified and worked as a Certified Nursing Assistant (CNA) for at least 6 months before starting the medication assistant training program and have no outstanding complaints or restrictions on the nursing assistant certification.
- Must pass the Arizona written and skill tests for a CMA. All applicants for CMA certification in Arizona must take and pass this test.
- Specific Requirements in addition to above requirements:
 - a) Applicants who completed an AZ State Board of Nursing approved program:
 - Have facility where you completed the CMA training program submit documentation directly to the Board of Nursing, indicating that you successfully completed the CMA training.
 - The CMA written and skill tests must be passed within one year after taking the training. If not passed in one year, must retake the training.
OR
 - b) Applicants certified as a CMA in another state and requesting CMA certification in AZ must:
 - Have the state registry where you are currently certified complete and send the Verification of Medication Assistant Registration (page 6) directly to the AZ Board of Nursing.
 - Provide proof that you have practiced as a medication assistant in a long term care facility for at least 160 hours in the past 2 years OR completed the training program in the past year.
 - Submit a waiver request from your employer (pg 16) in addition to the application.
OR
 - c) Applicants enrolled in an Arizona Board approved nursing education program you have completed
 - You have completed a nursing course as part of an approved RN/LPN program; which includes a block I or nursing fundamentals course with theory and clinical.
 - A 3 credit pharmacology course.
 - 40 hours experience of medication administration in a long term care facility.
 - Submit the waiver request (pg 16) in addition to the application.

Application process

- Complete an application for Certified Medication Assistant (pages 10 to 15). Mail to Arizona State Board of Nursing.
- Complete an application for Certified Medication Assistant Examination (pages 8 to 9). Mail to D & S Diversified Technology Testing Company.
- Complete a fingerprint card if it has been more than 2 years since you have submitted one to the Arizona State Board of Nursing. (A fingerprint card will be sent to you when we receive your application if not included with your application). If you are applying for both CNA and CMA certification, you need to submit only one fingerprint card. Note: If the results of your fingerprint check show a positive criminal history, an investigation will be started and certification will not be given to you until the investigation is done. This may take 3 to 6 months.
- Pay fees
- Submit documentation of citizenship or lawful presence. (See attached list).

FEES

- Application fee is \$65
- Fingerprint fee is \$50 – must submit if you have not submitted a fingerprint card to AZBN within the last 2 years.
- You may pay by credit/debit card (must complete attached two pages for credit card authorization) or money order or check. All personal checks must be pre-printed with your name and address and made payable to the Arizona State Board of Nursing. Purchase Orders from facilities are not accepted.
- All fees are non-refundable.
- A \$50 fee will be charged for checks returned because of insufficient funds.

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION

Federal law, 8 U.S.C. § 1641, and State law, A.R.S. § 1-501, require documentation of citizenship or nationality for certification. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for certification in Arizona. All applicants must submit documentation regarding their citizenship/nationality/alien status with their application. See attached list A & B for specific documentation required.

FINGERPRINTING

According to A.R.S. § 32-1606(B) (16), each applicant for initial licensure or certification is required to submit a full set of fingerprints. It is important for you to use the specific fingerprint card provided by AZBN because we have Arizona State Board of Nursing information printed on the card. It can take 4 to 5 weeks to receive fingerprint results from the FBI. You will not be certified until results are received. A copy of a fingerprint clearance card cannot be substituted for this requirement.

FELONY CONVICTIONS

According to A.R.S. § 32-1606(B), an applicant for medication certification is not eligible for certification if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony conviction(s) must be received 5 or more years before submitting this application. If you cannot prove that the absolute discharge date is 5 or more years, the Board will notify you that you do not meet the requirements for certification.

FOREIGN EDUCATED APPLICANT

Applicants are required to provide evidence of at least 12 years of education. In addition, if the official language of the country is not English, the applicant is required to score 76 on the iBT (Internet Based TOEFL) or 6.5 overall & 7.0 on the speaking portion of the International English Language Test Service Academic Examination (IELTS).

For TOEFL Testing Information Contact

Educational Testing Services Phone: 1-877-863-3546
PO Box 6151 Fax: 1-609-771-7500
Princeton, NJ 08541-6151 USA Email: TOEFL@ETS.org
Website: www.toefl.org

For IELTS Testing Information Contact

IELTS, INTERNATIONAL Phone: 1-323-255-2771
825 Colorado Boulevard, Suite 112 Fax: 1-323-255-1261
Los Angeles, CA 90041 Email: ielts@ieltsintl.org

<p>To obtain an application for Certified Medication Assistant Exam Go to our Website and download an application. www.azbn.gov</p> <p>If AZ CNA certification is not currently held, obtain an application for CNA Exam/Endorsement by visiting the website and clicking on Download Applications.</p>	<p>Arizona State Board of Nursing 4747 N 7th St, Suite 200 Phoenix, AZ 85014-3655 Phone: 602-771-7800 Fax: 602-771-7888 E-mail: arizona@azbn.gov</p>
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For assistance with the application process, contact **Lisa Youtsey at (602) 771-7800**. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. After withdrawal, if you are still interested in medication assistant certification you must submit a new application and applicable fees.

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A Xeroxed copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

***If any of the following documents do not contain a photograph of the individual, the individual shall also present a government issued document that contains a photograph of the individual.**

a. Primary Evidence:

- (1) An AZ driver's license issued after 1996 or an AZ non-operating identification license
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction); *
- (3) A birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.; *
- (4) A signed United States passport; current or expired;
- (5) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens); A U.S. certificate of birth abroad *
- (6) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State; *
- (7) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or *
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoo living near the U.S./Mexican border).
- (13) A tribal certificate of Indian blood.*
- (14) A tribal or bureau of Indian affairs affidavit of birth*

NOTE: SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE DOCUMENTATION.

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands

(on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;

- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.
- f. **U.S. Citizenship By Marriage**
 A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.
 Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.
- g. **A U.S. certificate of birth abroad***
 h. **A foreign passport with a U.S. Visa***
 i. **An I-94 form with a photograph**
 j. **A U.S. citizenship and immigration services employment authorization document or refugee travel document***

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. **“Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- *Form I-766 (Employment Authorization Document) annotated “A10”;
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. **Nonimmigrant**

Evidence of “Nonimmigrant” status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

c. **Alien Paroled into U.S. for less than One year**

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA

d. **A foreign passport with a U.S. visa**

e. **An I-94 form with a photograph.**

f. **A U.S. citizenship and immigration services employment authorization document or refugee travel document.**

This page is ONLY for applicants who are certified as a medication assistant in another state.

VERIFICATION OF MEDICATION ASSISTANT REGISTRATION

Send this completed form to the STATE AGENCY where you are currently certified/registered.
(Addresses and phone numbers on following page)

PART I: To be completed by the medication assistant. PRINT CLEARLY.

NAME: Last First Middle Maiden Name or Other Names Used

Address: Number & Street City State Zip

Social Security Number: Date of Birth (Area Code) Telephone No.

State Of Current Certification: Certification Number: Date of Issue:

MEDICATION ASSISTANT TRAINING PROGRAM: Provide Name of School or Program, City & State Date Completed

PART II: To be completed by the STATE AGENCY where you are currently certified/registered as a medication assistant.

1. This individual is listed as a medication assistant and has met all relevant requirements:

- Yes Certification/Registration #: _____ Expires: _____
- No Date of Issue: _____

2. Method of Registration (Check All That Apply)

- Deemed to the Registry without competency evaluation
- Registered by Endorsement from the State of _____
- Completed a State-Approved, training program of _____ hours
- Passed a State-Administered competency evaluation
- Not Available

3. Is there documentation of substantiated abuse, neglect or misappropriation of resident property by this individual?

- Yes, please explain
- No

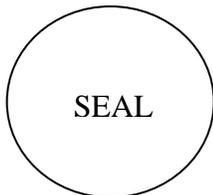
4. Is there documentation of a felony conviction in a court of law?

- Yes, please explain
- No
- Not Available

It is hereby certified that the above facts are stated from official records pertaining to this individual in the office of the undersigned.

Date

Medication Aide Registry Representative Title



Agency Telephone #

City State Zip

CONTACT APPROPRIATE REGISTRY FOR CURRENT STATUS & FEES REQUIRED ON VERIFICATION

ALABAMA

AL Dept of Public Health
Div of Health Care Facilities
PO Box 303017
Montgomery, AL 36130-3017
334-206-5169

ALASKA

Dept of Commerce, Community, &
Econ Dev
Div of Corp, Bus, & Prof Licensing
550 W 7th Ave, #1500
Anchorage, AK 99501
907-269-8169

ARIZONA

AZ State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3655
602-771-7800

ARKANSAS

Office of Long Term Care
501-682-1807
<http://www.arkansas.gov/dhs/sg/NH.html>

***CALIFORNIA**

Dept of Health Svcs
CNA/HHA/CHT Cert Unit
Lic & Cert Program
ATCS-MS 3301
PO Box 997416
1615 Capitol Ave
Sacramento, CA 95899-7416
916-327-2445

***COLORADO**

CO Board of Nursing
1560 Broadway, #1370
Denver, CO 80202
303-894-2430

CONNECTICUT

Prometric CT Nurse Aide Prog
Princeton Pike Corp Ctr
2000 Lenox Dr, 3rd Flr
Lawrenceville, NJ 08648
866-499-7485

DELAWARE

Div of Long Term Care Residents
Protection
3 Mill Rd, #308
Wilmington, DE 19806
302-577-6666

***DIST. OF COLUMBIA**

Pearson VUE
Corp Hdqtrs
5601 Green Valley Dr
Bloomington, MN 55437-1099
952-681-3000

FLORIDA

Dept of Health
MQA/CNA Program
4052 Bald Cypress Way
BIN#C-13
Tallahassee, FL 32399-3263
850-245-4125 X3784

***GEORGIA**

GA Hlth Partnership
NA Registry
1455 Lincoln Pkwy, #750
Atlanta, GA 30346-2200
678-527-3010

HAWAII

Prof & Voc Lic Branch
Dept of Commerce & Consumer
Affairs
PO Box 3469
Honolulu, HI 96801
808-734-2101 X122

IDAHO

ID Nurse Aide Prog
PO Box 83720
Boise, ID 83720-0036
800-748-2480

***ILLINOIS**

IL Dept of Public Health
Health Care Wkr Registry
525 W Jefferson St, 4th Flr
Springfield, IL 62761
217.785.5133

INDIANA

IN Dept of Hlth, Div of LTC
2 N Meridian St, Sec 4B
Indianapolis, IN 46204
317-233-7351

IOWA

Direct Care Wkr Registry
Div of Health Facilities
IA Dept of Insp & Appeals
Lucas State Office Bldg
Des Moines, IA 50319-0083
515-281-4077

KANSAS

KS Dept of Health & Environmt
Health Occup Credentialing
1000 SW Jackson, #200
Topeka, KS 66612-1365
785-296-6877

KENTUCKY

KY Board of Nursing
312 Whittington Pkwy, 300-A
Louisville, KY 40222
888-530-1919

LOUISIANA

LA State Bd of Exam for Nsg
Facility Admin, NFA
Nurse Aide Registry
5647 Superior Dr
Baton Rouge, LA 70816
225-295-8575

MAINE

ME Registry of CNAs
ME HHS
State House Station 11
41 Anthony Ave
Augusta, ME 04333
207-624-7300

MARYLAND

MD Board of Nursing
4140 Patterson Ave
Baltimore, MD 21215-2254
410.585.1918

MASSACHUSETTS

MA Nurse Aide Registry
MA Dept of Public Health
Div of Hlth Care Quality
99 Chauncy St, 2nd Fl
Boston, MA 02111
617-753-8143

***MICHIGAN**

MI Dept of Community Health
Bureau of Hlth Professions
PO Box 30670
Lansing, MI 48909
517-241-0554

MINNESOTA

Div of Compliance Monitoring
NA Registry
PO Box 64501
St. Paul, MN 55164-0501
651-215-8705

***MISSISSIPPI**

MS Dept of Health Bureau of
Health Facilities – Lic & Cert
143-B LeFleur's Sqr
PO Box 1700
Jackson, MS 39215-1700
614-364-1100

MISSOURI

MO Dept of Health & Senior Svcs,
Health Educ Unit
PO Box 570
3418 Knipp
Jefferson City, MO 65102
573-526-5686

MONTANA

MT Dept of Pub Hlth & Human
Svcs – Cert Bureau
2401 Colonial Dr, 2nd Fl
Helena, MT 59620-2953
406.444.4980

***NEBRASKA**

Dept of Health & Human Svcs
Div of Publ Health, Lic Unit
Off of Nsg & Nsg Support
PO Box 94986
Lincoln, NE 68509-4986
402-471-0537

NEVADA

Bureau of Lic & Cert
1550 E College Pkwy, Ste 158
Carson City, NV 89706
775-687-4475

NEW HAMPSHIRE

NH Board of Nursing
21 S Fruit St, Ste 16
Concord, NH 03301-2431
603-271-8282

NEW JERSEY

Div of Health Facilities Evaluation
& Licensing NJ Dept of Health &
Senior Svcs
PO Box 367
Trenton, NJ 08625-0367
609-633-9171

NEW MEXICO

DOH/DHI/Hlth Facility Lic & Cert
Bureau
2040 S Pacheco St
2nd Flr Rm 413
Santa Fe, NM 87505
505-476-9040

***NEW YORK**

Bureau of Prof Credentialing
NY State Dept of Health
161 Delaware Ave
Delmar, NY 12054-1393
518-408-1297

***NORTH CAROLINA**

Dept of Hlth & Human Svcs
Hlth Care Personnel Registry
Div of Facility Svcs
2709 Mail Service Ctr
Raleigh, NC 27699-2709
919-855-3969

NORTH DAKOTA

OBRA Mandated Registry
ND Dept of Health Facilities
600 E Blvd Ave, Dept 301
Bismarck, ND 58505-0200
701-328-2353

OHIO

Bureau of Info & Oper Support
OH Dept of Health
246 N High St
Columbus, OH 43215-2412
614-752-9500

OKLAHOMA

OK State Dept of Health
NA Registry
1000 NE 10th St, Rm 1111
OK City, OK 73117-1299
405-271-4085

OREGON

Cust Svc Ctr
OR State Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224
971-673-0685

***PENNSYLVANIA**

PA Nurse Aide Registry
Pearson Vue
PO Box 13785
Philadelphia, PA 19101-3785
800-852-0518

RHODE ISLAND

RI Dept of Hlth, Hlth Profes
3 Capitol Hill, Rm 105
Providence, RI 02908-5097
401-222-5888

***SOUTH CAROLINA**

Pearson VUE
Corporate Hdqtrs
5601 Green Valley Dr
Bloomington, MN 55437-1099
952-681-3899

SOUTH DAKOTA

SD Board of Nursing
4305 S Louise, #201
Sioux Falls, SD 57106
605-362-2769

TENNESSEE

Div of Hlth Care Facilities
Dept of Health
227 French Landing, Ste 501
Heritage Pl, Metro Ctr
Nashville, TN 37243
615-532-7841

TEXAS

Dept of Aging & Disab Svcs
PO Box 149030, MC: E-414
Austin, TX 78714-9030
512-438-2050

UTAH

UT Hlth Tech Cert Center
550 East 300 South
Kaysville, UT 84037-2699
801-547-9947

VERMONT

VT State Board of Nursing
Nat'l Life Bldg, N Flr 2
Montpelier, VT 05620-3402
802-828-2819

VIRGIN ISLANDS

VI Board of Nurse Lic
PO Box 304247
Veterans Drive Station
St. Thomas, VI 00803
340-776-7131

VIRGINIA

VA Board of Nursing
NA Registry
9960 Mayland Dr, Ste 300
Charleston, WV 25301-1799
804-367-4569

WASHINGTON

OBRA NA Registry
PO Box 45600
Olympia, WA 98504
360-725-2597

WEST VIRGINIA

Off of Hlth Fac Lic & Cert
1 Davis Sqr, Ste 101
Charleston, WV 25301-1799
304-558-0050

***WISCONSIN**

WI NA Registry
PO Box 13785
Philadelphia, PA 19101-3785
877-329-8760

WYOMING

WY Board of Nursing
1810 Pioneer Ave
Cheyenne, WY 82002
307-777-7616

D&S DIVERSIFIED TECHNOLOGIES

PO BOX #418, FINDLAY, OH 45839-0418

TOLL FREE 877-8512355 — FAX 419-422-8328 - www.hdmaster.com

ARIZONA MEDICATION ASSISTANT (MA)

EXAMINATION APPLICATION (forms 1101AM & 1402AM) JULY 2010

INSTRUCTIONS: (Also see www.hdmaster.com)

- 1. DO NOT mail this D&S Diversified Technologies MA Examination Application to the Arizona State Board of Nursing (AZBN)
2. Complete front and back sides of this MA Examination Application.
3. Send this completed application with payment to D&S Diversified Technologies, P.O. Box 418 Findlay, OH 45839-0418
4. You must include one of the following:
- Proof of completion of an Arizona State Board of Nursing (AZBN) 100 hour approved MA training program (i.e. a copy of your certificate) OR
- If you are a student nurse, approval must be obtained by submitting a waiver request to AZBN for approval. AZBN will notify D&S of approval OR
- If you are certified/registered as a Medication Assistant in another state, approval must be obtained by submitting a waiver request to AZBN for approval. AZBN will notify D&S of approval.

NOTE: Facilities MAKE ALL CHECKS PAYABLE TO D&S DIVERSIFIED TECHNOLOGIES. Candidate Personal checks are NOT accepted.

Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion.)

- Checkboxes for: This application is filled out completely (front and back) and signed where required. Exam payment is included with the testing application. I have attached proof of my MA training to this application. I have also completed the Arizona State Board of Nursing Application and sent that application to the AZBN.

Candidate Information: (form 1101) Print clearly (Use Ink) or Type

Social Security No. _____ (Mandatory. Your SS number will only be shared with the Arizona State Board of Nursing)
Applicant's Name _____
Mailing Address (Street) _____ Apartment# _____ or PO Box # _____
City _____ State _____ County _____ Zip _____
Home Telephone _____ Message/Work Phone _____
Birth Date (Month/Day/Year) _____/_____/_____ E-Mail Address: _____
(Mandatory) Providing your email address is your authorization for us to use it for confirmation and results letters

I have successfully completed an AZBN approved 100 hour Medication Assistant Training Program and understand that I must pass the test within one year from the completion of my training program, OR prior to taking the AZ CMA exam I must receive AZBN approval of a waiver request if I am a certified/registered medication assistant in another state or a student nurse applying to test in AZ.

Program Code # _____ Program Name _____
(On Certificate)
City _____ Date Completed _____ Contact Person _____

If facility is paying for your test, this section must be completed by Nursing Supervisor.

Facility Name _____ Phone _____
Address _____ Contact Person _____
Signature of Nursing Supervisor _____ Date _____

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any cancellation or rescheduling fees incurred as described in the Arizona candidate handbook.

Signature _____ Date _____

Candidate MUST sign to verify acceptance (unsigned applications will be returned)
Please call the Findlay office if you don't get an e-mail or mail response within ten days.

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TESTING OPTIONS: Only use Option 1 or Option 2, never both.

Testing Option 1: Regional Test Sites – Application must be received at least ten days before first requested test date.

1st Choice Test Date: (From published 1700 AM Test Schedule) **2nd Choice Test Date: (From published 1700 AM Test Schedule)**

4 Digit Test Site #	Test Site Name	4 Digit Test Site #	Test Site Name
Test Month	Test Date	Test Month	Test Date

Testing Option 2: In-Facility Test Sites

(Medication Assistant instructor must complete this section. The training program must be an AZBN/D&SDT certified test site to use this option.)

Name of Site _____ 4 Digit Test Site # _____

Contact Person _____ Phone _____

Contact Person E-Mail _____

Pre-scheduled Test Observer _____ ID# _____

Date of Testing _____ Start time for Testing: _____ AM flight start _____ PM flight start

Site Address _____ City _____ State _____ Zip Code _____

List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

Exam Types and Fee Payment: (form 1402)

# Requested	Tests / Service Requested	Cost per Test	Totals
	Written test or written retake	\$25.00	
	Skill test or skill retake	\$70.00	
	Oral and Written test or retake	\$35.00	
	Priority Fax Service	\$5.00	
	Overnight Shipping	\$19.50	
	Express Service Fee	\$15.00	
	No Show	No Refund	
	Reschedule	\$35.00	

Grand Total: _____

Check method of payment: _____ Check (Facility Only) _____ Cashier's Check _____ Money Order _____ Visa _____ Master Card
Card #: _____ Expiration Date: _____ Authorized Signature: _____
Print name as it appears on your credit card: _____

ADA ACCOMMODATION

I need special accommodation under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404 is available at www.hdmaster.com or call D&SDT 877-851-2355.

OFFICIAL USE ONLY: Site _____ Packet# _____ Test Date _____ Scheduler _____

*** 7. HIGH SCHOOL ATTENDED (if diploma received, submit a copy with your application)**

*Name

* City

* State/Province * Zip Code

*Date of Graduation (Month/Year) / *Number of Years Attended

*** 8. MEDICATION ASSISTANT TRAINING PROGRAM ATTENDED**

Program must submit documentation to the Board to verify completion of 100 hours of CMA instruction.

*Program Code

*Name

*Address

* City

* State/Province * Zip Code

*Date of Graduation (Month/Year) /

9. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD

*Name

* City

* State/Province * Zip Code

* Degree

*Date of Graduation (Month/Year) / OR check box if you did not graduate

***10. Have you taken the Certified Medication Assistant test required by Arizona?** No Yes

If yes, list the date and results.

*Date /

*Results: Pass Fail

*** 11. PRACTICE REQUIREMENTS**

Indicate the practice requirement met for certification. One option must be marked to be eligible. The practice requirement must have been met within the previous 24 months. The two years are calculated from the application received date (for example if the application is received on 3/31/2010, the two year time period begins 3/31/2008). If one of these practice requirements is not met, you are not eligible for certification.

- a) I have completed a Board approved medication assistant training program within the last 12 months.
OR
- b) I have performed medication assistant activities for 160 hours or more within the last 24 months (you **MUST** document employment in question 13) and have requested a waiver to take the AZ CMA exam.
OR
- c) I have completed the required nursing courses within the past 12 months and have requested a waiver to take the AZ CMA exam.

*** 12. NURSING ASSISTANT EMPLOYMENT**

List current or most recent employment as nursing assistant. You must have worked at least six months as a CNA to be eligible for medication assistant certification. If 6 months or more were not practiced in the employment below, add a separate sheet of paper listing additional/previous nursing assistant employment. All information in the fields below will be required for additional employment on the separate sheet.

* Employer Name

* Street Address Line 1

* City

* State/Province * Zip Code

* Start Date / / End Date / /
Leave Blank if Current

* Title

* Phone Number () -

* Supervisor's Name

* Supervisor's Title

* Supervisor's Phone Number () - * Employment Full Time Part Time

*** 13. MEDICATION ASSISTANT EMPLOYMENT (Required if option "a" is checked in question 11)**

List current or most recent employment as a medication assistant. If 160 hours or more were not practiced in the employment below, add a separate sheet of paper listing additional/previous medication assistant employment. All information in the fields below will be required for additional employment on the separate sheet.

* Employer Name

* Street Address Line 1

* City

* State/Province * Zip Code

* Start Date / / End Date / /
Leave Blank if Current

* Title

* Phone Number () -

* Supervisor's Name

* Supervisor's Title

* Supervisor's Phone Number () - * Employment Full Time Part Time

14. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? No Yes

If yes, **submit with your application a legible xeroxed copy of one of the documents from List A.** See the instructions for List A. If you have already submitted a proof of citizenship/nationality document after 1/1/08 you will not need to submit the document again.

Type of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) ____/____/____

If you are a citizen or national of the United States, go directly to Question 16. If you are not a citizen or national of the United States, complete question 15.

15. ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible xeroxed copy of the front and back of a document from the attached List B with your application.

“Qualified Alien” Status

- A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- B. An alien who is granted asylum under Section 208 of the INA.
- C. A refugee admitted to the United States under Section 207 of the INA.
- D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- E. An alien whose deportation is being withheld under section 243(h) of the INA.
- F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a) (2))

- I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))

- J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

- K. A nonimmigrant whose visa for entry is related to employment in the United States
- L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible xeroxed copy of one of the documents from List B.** See the instructions for List B.

Type of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) ____/____/____

16. APPLICATION QUESTIONS (must complete and sign before submitting)

i. Have you ever:

- A. Been convicted, entered a plea of guilty, no lo contender or no contest, been sentenced or served time in jail for any **felony or undesignated offense**?
- B. Had prosecution deferred or probation deferred in any **felony or undesignated offense**?
- C. Had a **felony or undesignated offense** pardoned, expunged, dismissed, deferred, reclassified or redesignated?

No Yes If yes, provide a detailed **written explanation** of the details of each arrest conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony or undesignated offense** conviction.

If yes, has this previously been reported to the Arizona Board of Nursing? No Yes

ii. Is there currently a complaint, investigation, or is disciplinary action pending against your nursing license, CNA certificate or, any other health care or non health care related license or certification you hold in any state or territory of the United States? (If your nursing license/CNA certificate is under investigation in Arizona only, do not mark yes.)

No Yes If yes, include a detailed **written explanation** and a copy of the documentation regarding the current investigation or pending disciplinary action with your application.

If yes, has this previously been reported to the Arizona Board of Nursing? No Yes

iii. Have you ever had any disciplinary action or revocation taken on a license/certificate, health care or non health care related, in any state or territory of the United States?

No Yes If yes, provide a detailed **written explanation** and a copy of the documentation regarding the action.

If yes, has this previously been reported to the Arizona Board of Nursing? No Yes

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

*** REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP OR ALIEN STATUS DOCUMENTATION ON 8 ½ BY 11 PAPER WITH THE APPLICATION.**

Applicant's Signature

Date

PLEASE NOTE: It may take 1-2 months to process your application. If your application is not completely filled out or if the fee is incorrect, it will be returned to you and further delay the process. You may check to see if your certificate has been issued by visiting our website and using our online verification system to verify your certification. Our website is www.azbn.gov.

Please staple all pages of the application together with documentation of citizenship/lawful presence and mail to: ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655

CMEG



Save yourself time
& frustration...

CMA Applicants

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

Read the instructions for details on
these reminders.

Thank you!

Answer ALL questions on the application in ink

Enclose fees for the application fee and fingerprint fee. \$65 + \$50 = \$115 total

For Question #7:

If you marked completed high school – did you attach a copy of your high school diploma to your application
OR

If you marked GED – did you attach a copy of GED
OR

If you marked college course work or military training did you attach a copy of your college or military transcripts
OR

If you graduated in a foreign country, did you attach documentation showing at least 12 years of education?

For Question #9:

Did you ask the facility where you took your medication assistant training program to send verification of completion directly to the AZ State Board of Nursing?

Signed & dated your application

If not submitted after 1/1/2008, attach a copy of citizenship or lawful presence documentation (see attached list A & B for acceptable documentation to submit)

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SOUTH CAROLINA
AS	AMERICAN SAMOA	IA	IOWA	NV	NEVADA	SD	SOUTH DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NORTH CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NORTH DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
GU	GUAM	MP	NORTH MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
HI	HAWAII	MS	MISSISSIPPI	PR	PUERTO RICO		
ID	IDAHO						

IF PAYING BY CREDIT/DEBIT CARD PLEASE COMPLETE THIS FORM AND ATTACH IT TO THE CREDIT/DEBIT CARD AUTHORIZATION FORM.

A ONE-TIME CHARGE OF \$3.00 FOR PROCESSING IS APPLIED TO ALL PAYMENT CARD TRANSACTIONS

CHECK THE FEES THAT YOU ARE PAYING FOR.

RN/LPN/SN APPLICATION FEES:		
<input type="checkbox"/>	RN/LPN EXAM FEE	\$ 300.00
<input type="checkbox"/>	RN/LPN RENEWAL FEE	\$ 160.00
<input type="checkbox"/>	RN/LPN ENDORSEMENT FEE	\$ 150.00
<input type="checkbox"/>	RN/LPN TEMPORARY LICENSE FEE (Reg or 48 Hr.)	\$ 50.00
<input type="checkbox"/>	SCHOOL NURSE	\$ 75.00
<input type="checkbox"/>	SCHOOL NURSE RENEWAL	\$ 25.00
<input type="checkbox"/>	FINGER PRINT FEE	\$ 50.00
ADVANCED PRACTICE APPLICATION FEES:		
<input type="checkbox"/>	NP/CNM/CNS APPLICATION FEE	\$ 150.00
<input type="checkbox"/>	NP/CNM PRESCRIBING & DISPENSING FEE	\$ 150.00
<input type="checkbox"/>	TEMPORARY NP/CNM/CNS FEE	\$ 35.00
<input type="checkbox"/>	CRNA CERTIFICATION FEE	\$ 150.00
<input type="checkbox"/>	CRNA TEMPORARY CERTIFICATION FEE (Reg or 48 Hr.)	\$ 35.00
CNA APPLICATION FEES		
<input type="checkbox"/>	CNA EXAM CERTIFICATE FEE (OPTIONAL)	\$ 50.00
<input type="checkbox"/>	CNA RENEWAL CERTIFICATE FEE (OPTIONAL)	\$ 50.00
<input type="checkbox"/>	CNA ENDORSEMENT FEE	\$ 50.00
OTHER FEES:		
<input type="checkbox"/>	DUPLICATE RN/LPN LICENSE FEE	\$ 25.00
<input type="checkbox"/>	DUPLICATE CNA CERTIFICATE FEE	\$ 25.00
<input type="checkbox"/>	ADDRESS CHANGE FEE	\$ 25.00

CREDIT/DEBIT CARD AUTHORIZATION FORM

PLEASE RETURN COMPLETED FORM WITH YOUR APPLICATION

ONLY VISA OR MASTERCARD IS ACCEPTED

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

NAME OF APPLICANT: _____
(REQUIRED)

AUTHORIZATION INFORMATION:

TOTAL AUTHORIZED AMOUNT: _____ + \$3.00 = _____
(TOTAL FROM PAYMENT CARD FEE SCHEDULE Plus \$3.00 PROCESSING FEE)

TYPE OF CARD:

VISA MASTERCARD

CARD NUMBER: _____
(REQUIRED)

EXPIRATION DATE: _____ CVN # _____
(REQUIRED) (REQUIRED)

BILLING INFORMATION:

CARD HOLDER NAME: _____
(REQUIRED)

BILLING/MAILING ADDRESS:

PHONE NUMBER: _____
(REQUIRED)

EMAIL ADDRESS: _____

SIGNATURE OF CARDHOLDER: _____
(REQUIRED)