

**ARIZONA STATE BOARD OF  
NURSING**



**CERTIFIED MEDICATION ASSISTANT  
TRAINING PROGRAM APPLICATION**

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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 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 provide additional information. Following the review, the program application will be reviewed by the Executive Director 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) or Lyn Ledbetter, Education Department Administrative Assistant at (602) 771-7856, [LLedbetter@azbn.gov](mailto:LLedbetter@azbn.gov).



***Arizona State Board of Nursing***  
Medication Assistant Training Program Application for Approval

**PROGRAM INFORMATION**

<b>Name of MA Training Program:</b>		<b>NA Program:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>NA Program Code:</b>	
Physical Address:		City:		State:	Zip:
Mailing Address:		City:		State:	Zip:
Telephone #:			Fax #:		
Name of Administrator:					
Administrator Email:			Website:		

**TYPE OF PROGRAM**

<input type="checkbox"/> Long Term Care Facility	<input type="checkbox"/> Post-Secondary Education	
	<input type="checkbox"/> University <input type="checkbox"/> Private School	<input type="checkbox"/> Community College <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:	Phone Number:	
Medicare Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	

**LENGTH OF PROGRAM**

**Total Hours:**

Didactic (Minimum 45)	Skills Lab (Minimum 15)	Clinical (Minimum 40)

**ADMISSION CRITERIA**

<b>Competency Exams Used:</b>	<b>Required Minimum Scores</b>	
	<b>Math</b>	<b>Reading</b>

**PROGRAM PERSONNEL**

**INSTRUCTOR R4-19-803(B)(2),(3)**

Instructor qualifications and duties 1. A medication assistant program instructor shall: a. Hold a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15; b. Possess at least two years or 3,000 hours of direct care nursing experience; and c. Have administered medications to residents of a long-term care facility for a minimum of 40 hours. 2. Duties of a medication assistant instructor include, but are not limited to: a. Ensuring that the program meets the requirements of this Article; b. Planning each learning experience; c. Teaching a curriculum that meets the requirements of this Section; d. Implementing student and program evaluation policies that meet or exceed the requirements R4-19-801 (A) (9) and (10); e. Administering not less than three secure unit examinations and one comprehensive final exam consistent with the course curriculum and the requirements of R4-19-801(B)(3)(c) and; f. Requiring each student to demonstrate satisfactory performance of all critical elements of each skill in subsection (D)(4) before allowing a student to perform the skill on a patient or resident without the instructor's presence and direct observation;g. Being physically present and attentive to students in the classroom and clinical setting at all times during all sessions; 3. A program instructor shall supervise only one student for the first 12 hours of each student's clinical experience; no more than three students for the next 12 hours of each student's clinical experience; and no more than five students for the next 16 hours of each student's clinical experience

*Please provide the following information for each instructor.*

Name (as it appears on license):	RN License #:
Telephone:	Email:

*Possess at least two years or 3,000 hours of direct care nursing experience*

Location:	Job Title:	From Month/Year to Month/Year:
Location:	Job Title:	From Month/Year to Month/Year:

*Have administered medications to residents of a long-term care facility for a minimum of 40 hours.*

Location:	Job Title:	From Month/Year to Month/Year:
Location:	Job Title:	From Month/Year to Month/Year:

*Experience Teaching Adults*

COLLEGE~UNIVERSITY~INSITITUTION LOCATION	COURSE TAUGHT	FROM MONTH/YEAR to MONTH/YEAR

**USE ADDITIONAL PAGES IF NECESSARY**

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 current rules (R4-19-801 and R4-19-803) and understand the requirements and responsibilities of the medication assistant training program, and the qualifications and responsibilities of the medication assistant training program instructor.

\_\_\_\_\_  
Program Administrator Name

\_\_\_\_\_  
Program Administrator Signature

\_\_\_\_\_  
Date

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

Please send documents in an electronic version as well as 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:
    - Addresses the competencies tested in the original test,
    - Contains different items from the original test, and
    - 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. Textbook author, name, year of publication, and publisher and other current resource materials.
6. Copy of student course evaluation form.

7. Copies of contracts with clinical agencies.
8. Implementations plan and timeline for starting the course.
9. Completed Evaluation Plan
10. Copy of skills checklist used to evaluate clinical performance.
11. Completed applications should be mailed to:

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

## **MEDICATION ASSISTANCE 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.

## **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 PRACTICE**

### **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.

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.

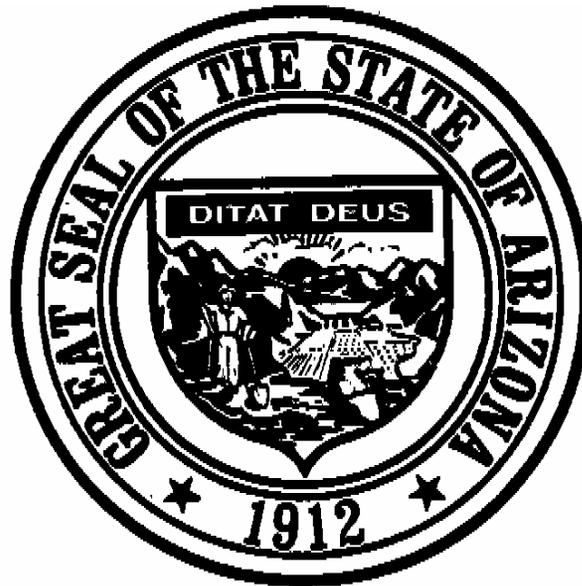
### **KEY TERMS**

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**

Approved: 7/2010

# 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.

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

<p>CMA would need to accept delegation</p> <p><b>KEY TERMS</b>  Certified medication assistant  Delegation  Communication  Board of Nursing  Nurse practice act  Medication assistant role  Reporting changes  Priorities  Responsibilities  Role  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>			
<p><b>Objective</b></p>	<p><b>Content</b></p>	<p><b>Learning Activity</b></p>	<p><b>Minimum Time for Unit</b></p>
<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>C. Information contained in drug references and types of drug references</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>  Controlled substance act  Confidentiality  Controlled substances  Drug abuse  Drug Enforcement Agency (DEA)  Drug reference  Drug standards  Legal restriction  Nursing drug reference  Manual  Schedule drugs I-V  Generic name  Trade name  FDA requirement  OTC</p>	<p>D. Major drug laws:  1. Food and Drug Act  2. Controlled Substance Act  3. Agencies that enforce drug laws</p> <p>E. Legal-ethical  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>	
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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 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> </ol>	<p>A-E Lecture; encourage discussion--ask students to: List personal factors that may affect drug actions; describe an adverse reaction from their own experience; Have they ever experienced tolerance, etc</p>	<p>Didactic: 2 hours</p>

<p>F. Differentiate between drug dependence and abuse in residents and staff.</p> <p><b>KEY TERMS</b>  Drug allergy  Allergic reaction  Adverse effects  Expected adverse effects  Adverse reaction  Anaphylaxis  Urticaria  Drug tolerance  Placebo  Drug classification  Absorption  Distribution  Metabolism  Excretion  Drug action  Effects of medication  Medication effects  Drug interactions  Side effect  Toxic  Drug dependence  Lethal dose  Maximum dose  Sensitivity to medications  Therapeutic dose</p>	<p>5. Drug interactions  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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Administration error			
Goal 4: Explain principles of medication administration and nursing care considerations when administering medications to clients of all ages.			
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>  Resident rights  Refusing medication  Medication absorption  Kidney  Drug metabolism</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>

Drug build-up			
<b>UNIT TEST #1</b>			
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>
<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; 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> Dosage Medication calculation</p>	<p>3. Dosage calculations with conversions—licensed nurse needed to do initial calculation</p>		
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**DOSAGE CALCULATION TEST**

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: 1. Liquids 2. Solutions 3. Suspensions 4. Solids/Semisolids 5. Suppositories 6. Topical creams, lotions and ointments</p>	<p>A. Supplemental JACHO "do not use" abbreviations--quiz C-M. Lecture Discussion/Demonstration Practice procedures: Medication set up— Liquid/Tablet Documentation Incident report</p>	<p>Didactic 5 hours</p> <p>Lab practice 3 hours</p>

<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>G. Describe the ordering,</p>	<p>Enteric coated</p> <p>C. Routes of administration: Oral routes: sublingual, buccal, oral Topical Rectal Eye drops 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: 1. Order sheet 2. Prescription components a. Name of drug b. Dose c. Route d. Time/frequency e. Prescriber signature 3. Types of drug orders; routine, standing, PRN, stat 4. Questioning an order</p> <p>G. Ordering, packaging,</p>		
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<p>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>  Prescription label  Drug orders  Amber colored container  Discontinued medication  International time  Prescription warning  Medication administration record (MAR)  Medication inventory</p>	<p>storage, and disposal of drugs</p> <p>H. Documentation:  Medication Record  Self-terminating  Controlled substances</p> <p>I. Pouring medications</p> <p>J. The 6 rights of medication administration:  Drug, dose, patient, route time, documentation</p> <p>K. Charting medications  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 label Medication error Medication order parts Narcotic Scheduled medication lock box 6 Rights of medication administration Liquid medication Oral Rectal Nasal Optic Otic Topical Sub-lingual AC BID Gtt Hs Mg PC PO PRN order tid Hand washing Crushing medications Enteric coatings Suspensions Elixirs Ear drops Swallowing medications Tablet disposal Tablet color			
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Topical medications/topical sprays Reporting drug errors Aspiration Suppository Unit does packaging Valid prescription Expiration date Administration directions Routine medication Facility policy Transdermal patch 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  B. List one function of each vitamin or mineral  C. Discuss common herbal supplements, their uses, and the	A. Vitamins and minerals 1. RDAs/Food sources 2. Fat-soluble vitamins (A, D, E, and K) 3. Water soluble vitamins 4. Minerals  B. Functions of vitamins and minerals  C. Herbs and unsafe herbs	Emphasize key points and vitamins/minerals commonly given in the facility—do not require memorization-vitamins to learn are in the vocabulary list  Relate information to their own health and intake of vitamins and diet	Didactic: 1.5 hours

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

Objectives	Content	Learning Activities	Minimum Time for Unit
<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 considerations when administering</p>	<p>Lecture/discussion with class participation— 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</p>	<p>Didactic: 2 hours</p> <p>Lab Practice: 1 hour</p>

<p><b>KEY TERMS</b></p> <p>Antibiotic  Antibodies  Antiinfective  Bacterial Infections  Broad spectrum  Culture and sensitivity test  Infections  Levoquin (levofloxacin)  Pathogens  Oral antibiotic  Penicillin  Reverse isolation  Superinfection  Tetracycline  Aminoglycosides  Narrow spectrum antibiotic  Considerations for antibiotics  Sulfonamides</p>	<p>medications.</p>	<p>based precautions—Use materials from CDC in instructor manual instead of book for this portion</p>	
<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>
<p>A. Describe the structure, function, of the eye and medication administration considerations when administering eye medications</p>	<p>A. Structure and function of the eye; administration of eye drops/ointments; effects of aging</p>	<p>A-D Lecture/discussion</p>	<p>Didactic: 2 hours  Lab Practice: 1 hour</p>

<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>  Eye medications  Eye drops  Eye medication administration  Glaucoma  Hydrocortisone  Neomycin sulfate  Ophthalmic medications</p>	<p>B. Structure and function of the ear; effects of aging</p> <p>C. Common diseases of the eye and ear:  Glaucoma  Eye infections  External otitis  Excess cerumen</p> <p>D. Ear drops/Eye medications  Eye  Polymyxin B  Pilocarpine  Betaxolol  Acetazolamide  Ear  Polymyxin B  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            Contact dermatitis            Eczema            Psoriasis            Seborrhic Dermatitis            Infection            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 requiring assessment of skin condition</p>	<p>A-E            Lecture/discussion/possible grand rounds if examples of disorders can be found within facility</p>	<p>Theory: 2 hours            Lab practice: 1 hour</p>

<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>  Antipruritic  Astringents  Calamine/Diphenhydramine  Integumentary system  Itching  Keratolytic agent  Lotion  Nitroglycerin  Pediculocide  Perineal  Psoriasis  Scabies  Skin disorder  Skin rashes  Transdermal Nitroglycerine patch  Triamcinolone</p>	<p>(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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<p>resident and drug being administered.</p> <p><b>KEY TERMS</b>          Antianginals          Antiarrhythmics          Anticoagulant          Antihypertensives          Antilipemics          Aspirin          Clonidine (Catapres)          Congestive heart failure          Coronary artery disease          Coumadin          Digitalis          Digoxin          Heart rate          Hypertension          Iron          Lipitor          Lisinopril (Zestril)          Orthopnea          Peripheral vascular disease          Prothrombin          Tachycardia          Edema          Dyspnea</p>	<p>antiarrhythmics)</p>	<p>Propranolol 10 mg p.o. qid.          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 Pleurisy Pneumonia Vasotec (Enalapril) 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 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> Nasal Rebound Alveoli Antihistamines Antitussives Bronchiole Pleura Trachea Larynx Bronchus Codeine Cough medication Nose drops Albuterol Decongestant Emphysema Histamine Laryngeal edema Pharynx Theophyllin Rifampin			
<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 Lab: 2 hours

<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 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> Antacids Anticholergic Antiemetic Bulk-forming laxative Colace Constipation Laxatives Lomotil Malabsorbtion Metamucil Milk of magnesia Magnesium based antacid Pancrelipase (Pancrease) Vomiting Zantac Aluminum and calcium based antacid			
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**Unit 14: Urinary System Medications and Medications to Attain Fluid Balance**

<b>Objectives</b>	<b>Content</b>	<b>Learning Activities</b>	<b>Minimum Time for Unit</b>
A. Recall structure and function of urinary system  B. Identify signs and symptoms of common disorders of the urinary system. and imbalances of body fluids, electrolytes and acid-base  C. Recall principles of	A. Review structure and function of urinary system  B. 1.Common disorders of the urinary system: obstruction, infection, renal failure 2. Imbalances of fluids, electrolytes, and acid-base  C. Review antibiotic properties	Lecture/discussion/case studies	Didactic: 1 hour

<p>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>  Acidifiers  Alkalizers  Action of diuretic  Discoloration  Hypercalcemia  Hyperkalemia  Hypernatremia  Lasix  Nitrofurantoin (Furadantine)  Loop diuretic  Potassium loss and diuretics  Potassium rich foods  Phenazopyridine (Pyridium)  Thiazide diuretic  Urinary antibacterial</p>	<p>D. Diuretic types: thiazide, potassium sparing, loop, oral potassium; nursing assistant care considerations when administering diuretics and oral potassium</p>		
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**Unit 15: Endocrine Medications/Reproductive System**

<b>Objectives</b>	<b>Content</b>	<b>Learning Activities</b>	<b>Minimum Time for Unit</b>
A. Identify structure and	A. Structure and function of	Lecture/discussion/ case study	Didactic: 3 hours

<p>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>  Corticosteroids  Estrogen  Estradiol (Estrderm)  Fasting sugar  Fludrocortisone (Florinef)  Hormones  Hypoglycemia  Hyperglycemia</p>	<p>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>examples</p> <p>Demonstrate administration/return demonstration (Use oral medication check-off with common endocrine medications in LTC facility and scenarios)</p>	<p>Lab Practice oral endocrine medications: 1 hour</p>
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Mineralocorticoids Prednisone Oral hypoglycemics Tolbutamide (Orinase) Thyroid Levothyroxin sodium (Synthroid) Iodine 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  B. Discuss signs and symptoms, drug treatment and associated nursing assistant principals for the following disorders: Physical injuries, osteoporosis, bursitis, gout, osteoarthritis, and rheumatoid arthritis  C. Administer drugs for disorders of the musculoskeletal system applying principles of care for residents with musculoskeletal	A. Structure and function of the musculoskeletal system: bones, joints, and muscles  B. Signs and symptoms, drug treatment and associated nursing assistant care of residents with: Physical injuries, osteoporosis, bursitis, gout, osteoarthritis, and rheumatoid arthritis  C. Drug characteristics and administration principles for common drugs used for musculoskeletal disorders: NSAIDs, Tylenol,	A-B Lecture/discussion/Case examples          C. Demonstration/return demonstration using NSAIDS prn medication order	Didactic: 2 hours Lab practice: 1 hour

disorders	methotrexate, antihyperuricemics, muscle relaxants and calcium and other drugs to treat osteoporosis		
<b>KEY TERMS</b> Aspirin Advil Analgesic Antiarthritic Carisoprodol(Soma) Fosamax Gout Inflammation Ibuprofen Muscle Relaxants Naproxen (Naprosyn) NSAIDs Rheumatoid disorders Tylenol (acetaminophen) Uricosuric agents Osteoporosis Corticosteroid therapy Corticosteroids			
<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>
A. Recall structure and function of the nervous and sensory systems	A. Review structure and function of the nervous and sensory system	A-E Lecture/Discussion/Case Study	Lecture: 2 hours Lab practice: 1 hour

<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>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 relieve pain, reporting response to nurse</p>	<p>Lab practice: Administering PRN OTC medication for pain</p>	
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<b>KEY TERMS</b> Acetaminophen/ Hydrocodone Anticonvulsants Antiparkinsonian agents Central nervous system Dilantin (phenytoin sodium) Darvocet Dizziness Drug dependence Parkinson's Disease Seizures Stimulants Ticlodipine (Ticlid)			
<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>
A. Identify the signs and symptoms of major mental disorders: depression, psychosis, anxiety, bi-polar disorder  B. Describe classifications of psychotropic drugs, their uses and associated nursing assistant activities.	A. Signs and symptoms of major mental disorders: depression, anxiety, psychosis, bi-polar disorder  B. Psychotropic drug classifications: Antidepressants: tricyclic, SSRI's	A-B Lecture/discussion/exemplars	Didactic: 2 hours

<p>C. Apply legal, ethical, and nursing assistant caring behaviors when administering psychotropic drugs.</p> <p><b>KEY TERMS</b>  Antipsychotic  Ativan  Benzodiazepine  Bi-polar disorder  Depression  Extrapyramidal symptoms (EPS)  Hallucination  Haloperidol (Haldol)  Librium  Monoamine oxidase inhibitor (MAOI)  Paroxetine (Paxil)  Fluphenazine (Prolixin)  Fluoxetine (Prozac)  Sedative  Selective serotonin reuptake inhibitor (SSRI)  Diazepam (Valium)</p>	<p>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>	
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**Final Exam:** 1 hour (add extra questions on psychotropic medications since it was not covered in previous unit exam)  
**Skill Check-off Exam:** 1 hour  
**Didactic Instruction:** 39 hours

<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>

## **BOARD RULES: R4-19-801; R4-19-803; R4-19-804**

### **R4-19-801 Common Standards for Certified Nursing Assistant (CNA) and Certified Medication Assistant (CMA) Training Programs**

A. Program Administrative Responsibilities 1. Any person or entity offering a training program under this Article shall, before accepting tuition from prospective students, and at all times thereafter, provide program personnel including a coordinator and instructors, as applicable, who meet the requirements of this Article. 2. If at any time, a person or entity offering a training program cannot provide a qualified instructor for its students, it shall immediately cease instruction and, if the training program cannot provide a qualified instructor within 5 business days, the training program shall offer all enrolled students a refund of all tuition and fees the students have paid to the program. 3. A training program shall obtain and maintain Board approval or re-approval as specified in this Article and A.R.S § 32-1650.01 (B) before advertising the program, accepting any tuition, fees, or other funds from prospective students, or enrolling students. 4. A training program that uses external clinical facilities shall execute a written agreement with each external clinical facility that: a. Provides the program instructor the ability to assign patient care experiences to students after consultation with facility staff, and b. Contains a termination clause that provides sufficient time for enrolled students to complete their clinical training upon termination of the agreement. 5. A training program that requires students to pay tuition for the program shall: a. Make all program costs readily accessible on the school's website with effective dates, b. Publically post any increases in costs on the school's website 30 days in advance of the increase; c. Include in the cost calculation and public posting, all fees directly paid to the program including but not limited to tuition, lab fee, clinical fee, enrollment fee, insurance, books, uniform, health screening, credit card fee and state competency exam fee; and d. Provide a description of all program costs to the student that are not directly paid to the program. 6. Before collecting any tuition or fees from a student, a training program shall notify each prospective student of Board requirements for certification including legal presence in the United States, criminal background check requirements, and ineligibility for certification under A.R.S. § 32-1606 (B) (17). 7. Within the first 14 days of the program and before 50% of program instruction occurs, a training program shall transmit to the Board-approved test vendor, accurate and complete information regarding each enrolled student for the purposes of tracking program enrollment, attrition and completion. Upon receipt of accurate completion information, the vendor shall issue a certificate of completion to the program for each successful graduate. 8. A training program shall provide the Board, or its designee, access to all training program records, students and staff at any time, including during an announced or unannounced visit. A program's refusal to provide such access is grounds for withdrawal of Board approval. 9. A training program shall provide each student with an opportunity to anonymously and confidentially evaluate the course instructor, curriculum, classroom environment, clinical instructor, clinical setting, textbook and resources of the program; 10. A training program shall provide and implement a plan to evaluate the program that includes the frequency of evaluation, the person responsible, the evaluative criteria, the results of the evaluation and actions taken to improve the program. The program shall evaluate the following elements at a minimum every two years: a. Student evaluations consistent with subsection (A)(9); b. First-time pass rates on the written and manual skills certification exams for each admission cohort; c. Student attrition rates for each admission cohort; d. Resolution of student complaints and grievances in the past two years; and e. Review and revision of program policies. 11. A training program shall submit written documentation and information to the Board regarding the following program changes within 30 days of instituting the change: a. For a change or addition of an instructor or coordinator, the name, RN license number, and documentation that the coordinator or instructor meets the applicable requirements of R4-19-802 (B) and (C) for CNA programs and R4-19-803 (B) for CMA programs; b. For a change in classroom location, the previous and new location, and a description of the new classroom; c. For a change in a clinical facility, the name and address of the new facility and a copy of the signed clinical contract; d. For a change in the name or ownership of the training program, the former name or owners and the new name or owners; and e. For a decrease in hours of the program, a written revised curriculum document that clearly highlights new content, strikes out deleted content and includes revised hours of instruction, as applicable. B. Policies and Procedures 1. A training program shall promulgate and enforce written policies and procedures that comply with state and federal requirements, and are consistent with the policies and procedures of the parent

institution, if any. The program shall provide effective and review dates for each policy or procedure. 2. A training program shall provide a copy of its policies and procedures to each student on or before the first day the student begins the program. 3. The program shall promulgate and enforce the following policies with accompanying procedures: a. Admission requirements including: i. Criminal background, health and drug screening either required by the program or necessary to place a student in a clinical agency; and ii. English language, reading and math skills necessary to comprehend course materials and perform duties safely. b. Student attendance policy, ensuring that a student receives the hours and types of instruction as reported to the Board in the program's most recent application to the Board and as required in this Article. If absences are permitted, the program shall ensure that each absence is remediated by providing and requiring the student to complete learning activities that are equivalent to the missed curriculum topics, clinical experience or skill both in substance and in classroom or clinical time. c. A final examination policy that includes the following provisions; i. Require that its students score a minimum 75% correct answers on a comprehensive secure final examination with no more than one re-take. The program may allow an additional re-take following documented, focused remediation based on past test performance. Any re-take examination must contain different items than the failed exam, address all course competencies, and be documented with score, date administered and proctor in the student record; and ii. Require that each student demonstrate, to program faculty, satisfactory performance of each practical skill as prescribed in the curriculum before performance of that skill on patients or residents without the instructor's presence, direct observation, and supervision.; d. Student record maintenance policies consistent with subsection (D) including the retention period, the location of records and the procedure for students to access to their records. e. Clinical supervision policies consistent with clinical supervision provisions of this Section, and: i. R4-19-802 (C) and (D) for CNA programs, or ii. R4-19-803 (B) and (C) for CMA programs; f. Student conduct policies for expected and unacceptable conduct in both classroom and clinical settings; g. Dismissal and withdrawal policies; Student grievance policy that includes a chain of command for grade disputes and ensures that students have the right to contest program actions and provide evidence in support of their best interests including the right to a third party review by a person or committee that has no stake in the outcome of the grievance; i. Program progression and completion criteria. C. Classroom and clinical instruction 1. During clinical training sessions, a training program shall ensure that each student is identified as a student by a name badge or another means readily observable to staff, patients, and residents. 2. A training program shall not utilize, or allow the clinical facility to utilize, students as staff during clinical training sessions. 3. A training program shall provide a clean, comfortable, distraction-free learning environment for didactic teaching and skill practice. 4. A training program shall provide, in either electronic or paper format, a written curriculum to each student on or before the first day of class that includes a course description, course hours including times of instruction and total course hours, instructor information, passing requirements, course goals, and a topical schedule containing date, time and topic for each class session. 5. For each unit or class session the program shall provide, to its students, written: a. Measurable learner-centered objectives, b. An outline of the material to be taught, and c. The learning activities or reading assignment. 6. A training program shall utilize an electronic or paper textbook corresponding to the certification level of the course that has been published within the previous five years. Unless granted specific permission by the publisher, a training program shall not utilize copies of published materials in lieu of an actual textbook. 7. A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources: a. Reference materials, corresponding to the level of the curriculum; and b. Equipment and supplies necessary to practice skills. 8. A training program instructor shall: a. Plan each learning experience; b. Ensure that the curriculum meets the requirements of this Section; c. Prepare written course goals, lesson objectives, class content and learning activities; d. Schedule and achieve course goals and objectives by the end of the course; and e. Require satisfactory performance of all critical elements of each skill under R4-19-802 (H) for nursing assistant and R4-19- 803(D)(4) for medication assistant before allowing a student to perform the skill on a patient or resident without the instructor's presence at the bedside. 9. A qualified RN instructor shall be present at all times and during all scheduled classroom, skills laboratory and clinical sessions. In no instance shall a nursing assistant or other unqualified person provide any instruction, reinforcement, evaluation or independent activities in the classroom or skills laboratory. 10. A qualified RN instructor shall supervise any student who provides care to patients or residents by: a. Remaining in the clinical facility and focusing attention on student learning needs during all student clinical experiences; b. Providing the instructor's current and valid contact information to students and facility staff during the instructor's scheduled teaching periods; c. Observing each

student performing tasks taught in the training program; d. Documenting each student's performance each day, consistent with course skills and clinical objectives; e. During the clinical session, engaging exclusively in activities related to the supervision of students; and f. Reviewing all student documentation. D. Records 1. A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. Curriculum and course schedule for each admission cohort; b. Results of state-approved written and manual skills testing; c. Documentation of program evaluation under subsection (A)(10); d. A copy of any Board reports, applications, or correspondence, related to the program; and e. A copy of all clinical contracts, if using outside clinical agencies. 2. A training program shall maintain the following student records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available; b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803 (D)(4) for medication assistants; c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course; and d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken. E. Certifying Exam Passing Standard: A training program and each site of a consolidated program under R4-19-802 (E) shall attain, at a minimum, an annual first-time passing rate on the manual skill and written certifying examinations that is equal to the Arizona average pass rate for all candidates on each examination minus 20 percentage points. The Board may waive this requirement for programs with less than five students taking the exam during the year. The Board shall issue a notice of deficiency under A.A.C. R4-19-805 to any program with five or more students taking the exam that fails to achieve the minimum passing standard in any calendar year. F. Distance Learning; Innovative Programs 1. A training program may be offered using real-time interactive distance technologies such as interactive television and web based conferencing if the program meets the requirements of this Article. 2. Before a training program may offer, advertise, or recruit students for an on-line, innovative or other non-traditional program, the program shall submit an application for innovative applications in education under R4-19-214 and receive Board approval. G. Site visits: A training program shall permit the Board, and its designee, including another state agency, to conduct an onsite scheduled evaluation for initial Board approval and renewal of approval in accordance with R4-19-804 and announced or unannounced site visits at any other time the Board deems necessary.

**R4-19-803. Certified Medication Assistant Program Requirements** A. Organization and Administration: A certified medication assistant (CMA) program may only be offered by those entities identified in A.R.S § 32-1650.01 (A). B. Instructor qualifications and duties 1. A medication assistant program instructor shall: a. Hold a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15; b. Possess at least two years or 3,000 hours of direct care nursing experience; and c. Have administered medications to residents of a long-term care facility for a minimum of 40 hours. 2. Duties of a medication assistant instructor include, but are not limited to: a. Ensuring that the program meets the requirements of this Article; b. Planning each learning experience; c. Teaching a curriculum that meets the requirements of this Section; d. Implementing student and program evaluation policies that meet or exceed the requirements R4-19-801 (A) (9) and (10); e. Administering not less than three secure unit examinations and one comprehensive final exam consistent with the course curriculum and the requirements of R4-19-801(B)(3)(c) and; f. Requiring each student to demonstrate satisfactory performance of all critical elements of each skill in subsection (D)(4) before allowing a student to perform the skill on a patient or resident without the instructor's presence and direct observation; g. Being physically present and attentive to students in the classroom and clinical setting at all times during all sessions; 3. A program instructor shall supervise only one student for the first 12 hours of each student's clinical experience; no more than three students for the next 12 hours of each student's clinical experience; and no more than five students for the next 16 hours of each student's clinical experience; C. Clinical and classroom hour requirements and resources 1. A medication assistant training program shall ensure each graduate received a minimum of 100 hours of total instruction consisting of: a. Instructor-led didactic instruction for a minimum of 45 hours;

b. Instructor supervised skill practice and testing for a minimum of 15 hours; c. Instructor supervised medication administration for a minimum of 40 hours in a long-term care facility licensed by the Department of Health Services. 2. A medication assistant program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills in subsection (D)(3) and (D)(4). At a minimum, the program shall provide the following a. A medication cart similar to one used in the clinical practice facility; b. Simulated medications and packaging consistent with resident medications; c. Pill crushers, pill splitters, medication cups and hand hygiene supplies; d. Medication administration record forms; and e. Current drug references, calculator and any other equipment used to administer medications safely. D. Curriculum: a medication assistant training program shall provide classroom and clinical instruction in each of the following subjects. 1. Role of certified medication assistant (CMA) in Arizona including allowable acts, conditions, delegation and restrictions; 2. Principles of medication administration including: a. Terminology, b. Laws affecting drug administration, c. Drug references, d. Medication action, e. Medication administration across the human lifespan, f. Dosage calculation, g. Medication safety, h. Asepsis, and i. Documentation. 3. Medication properties, uses, adverse effects, administration and care implications for 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' and l. Psychotropic medications. 4. Medication administration theory and skill practice in administration of: a. Oral tablets, capsules, and solutions; b. Ear drops, eye drops and eye ointments; c. Topical lotions, ointments and solutions; d. Rectal suppositories; and e. Nasal drops and sprays. 5. Any other topics deemed by the program or the Board as necessary and pertinent to the safe administration of medications.

**R4-19-804. Initial Approval and Re-Approval Training Programs** A. An applicant for initial training program approval shall submit an application packet to the Board at least 90 days before the expected starting date of the program. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper plus one electronic copy of the entire packet. The Board does not accept notebooks, spiral bound documents, manuals or books. B. The Board may impose disciplinary action including denial on any training program that has advertised, conducted classes, recruited or collected money from potential students before receiving Board approval or after expiration of approval except for completing instruction to students who enrolled before the expiration date. C. A program applying for initial approval shall include all of the following in their application packet: 1. Name, address, web address, telephone number, e-mail address and fax number of the program; 2. Identity of all program owners or sponsoring institutions; 3. Name, license number, telephone number, e-mail address and qualifications of the program coordinator as required in R4-19-802; 4. Name, license number, telephone number, e-mail address and qualifications of each program instructor including clinical instructors as required in either R4-19-802 for CNA programs or R4-19-803 for CMA programs; 5. Name, telephone number, e-mail address and qualifications any person with administrative oversight of the training program, such as an owner, supervisor or director; 6. Accreditation status of the training program, if any, including the name of the accrediting body and date of last review; 7. Name, address, telephone number and contact person, for all health care institutions which will be clinical sites for the program; 8. Medicare certification status of all clinical sites, if any; 9. Evidence of program compliance with this Article including all of the following: a. Program description that includes the length of the program, number of hours of clinical, laboratory and classroom instruction, and program goals consistent with federal, state, and if applicable, private postsecondary requirements; b. A list and description of classroom facilities, equipment, and instructional tools the program will provide; c. Written curriculum and course schedule according to the provisions of this Article; d. A copy of the documentation that the program will use to verify student attendance, instructor presence and skills; e. Copy of signed, current clinical contracts; f. The title, author, name, year of publication, and publisher of all textbooks the program will require students to use; g. A copy of course policies and any other materials that demonstrate compliance with this Article and the statutory requirements in Title 32, Chapter 15; h. A plan to evaluate the program that meets requirements in R4-19-801(A) (10); i. An implementation plan including start date and a description

of how the program will provide oversight to ensure all requirements of this Article are met; j. A self-assessment checklist of the application contents and their location in the application, on a form provided by the Board; and k. Other requirements as requested consistent with R4-19-802 for nursing assistant programs and R4-19-803 for medication assistant programs.

D. Re-approval of Training Programs

1. A training program applying for re-approval shall submit a paper and electronic application and accompanying materials to the Board before expiration of the current approval. The applicant program shall ensure that all documents submitted are unbound, typed or word processed, single-sided, and on white, letter-size paper. The Board does not accept notebooks, spiral bound documents, manuals or books. A program or site of a consolidated program that did not hold any classes in the previous approval period is not eligible for renewal of approval.

2. The program shall include the following with the renewal application:

- a. A program description and course goals;
- b. Name, license number, and qualifications of current program personnel;
- c. A copy of the current curriculum which meets the applicable requirements in either R4-19-802 or R4-19-803;
- d. The dates of each program offering, number of students who have completed the program, and the results of the state approved written and manual skills tests, including first-time pass rates since the last program review;
- e. A copy of current program policies, consistent with R4-19-801;
- f. Any change in resources, contracts, or clinical facilities since the previous approval or changes that were not previously reported to the Board;
- g. The program evaluation plan with findings regarding required evaluation elements under R4-19-801 (A) (10);
- h. The title, author, year of publication, and publisher of the textbook used by the program;
- i. Copies of the redacted records of one program graduate;
- j. The total number of enrolled students and graduates for each year since the last approval;
- k. The total number of persons taking the state-approved exam in the past two years; if the number is less than 10, a comprehensive plan to increase program enrollment;
- l. A self-assessment checklist of the application contents and their location in the application, on a form provided by the Board; and
- m. Other requirements as requested consistent with R4-19-802 for nursing assistant programs and R4-19-803 for medication assistant programs.

E. Upon determination of administrative completeness of either an initial or renewal application, the Board, through its authorized representative, shall schedule and conduct a site visit of a CNA program, unless one year only approval is granted on an initial application. The Board may conduct a site visit of a CMA program. Site visits are for the purpose of verifying compliance with this Article. Site visits may be conducted in person or through the use of distance technology.

F. Following an evaluation of the program application and a site visit, if applicable, the Board may approve or renew the approval of the program for two years for a nursing assistant program and up to four years for a medication assistant program, if the program renewal application and site visit findings, as applicable, meet the requirements of this Article, and A.R.S. Title 32, Chapter 15 and renewal is in the best interest of the public. If the program does not meet these requirements, the Board may issue a notice of deficiency under R4-19-805 or take disciplinary action.

G. A program may request an administrative hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for program approval or renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

H. The owner, operator, administrator or coordinator of a program that is denied approval or renewal of approval shall not be eligible to conduct, own or operate a new or existing program for period of two years from the date of denial.

## **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

- A postsecondary education institution in Arizona accredited by an accrediting agency recognized by the United States Department of Education.
- A postsecondary school that is licensed by a private postsecondary education board.
- 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.

## **FREQUENTLY ASKED QUESTIONS FOR MEDICATION ASSISTANTS**

- 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:
  - A. File an application on a form prescribed by the board accompanied by a fee prescribed by the board by rule.
  - B. 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.
  - C. 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.
  - D. Hold one of the following:
    - a diploma issued by a high school that is located in the united states;
    - a general equivalency diploma issued in the united states;
    - 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;
    - 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.
  - E. Be at least eighteen years of age.
  - F. Provide documentation directly from the program of successfully completing an approved medication assistant training program.
  - G. Have passed a competency examination pursuant to section 32-1650.03.
  - H. 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:

- A. 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.
- B. 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.
- C. 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.
- D. 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.*

## **DOCUMENTATION USED BY BOARD STAFF**

The following documents are included for your information only:

1. Notice of Inspection Rights: Disclosure Verification
2. Program Approval/Site Visit Report

**NOTICE OF INSPECTION RIGHTS: DISCLOSURE VERIFICATION**

**Premises Subject to Inspection/Examination**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_

**[Agency] Information**

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); 32-1664(A) (investigations, if applicable); and 41-1009

2. The purpose of this inspection is:

To determine compliance with the Nurse Practice Act (ARS 32-1601 – 1669 and Arizona Administrative Code (A.A.C.) Rules 4-19-101 – 815), in particular:

R4-19-201-215 and R4-19-217 (RN/PN programs)

R4-19-216 (Refresher Programs)

R4-19-501-504 (APRN Programs)

A.R.S. § 32-1650.01D (CMA programs)

R4-19-801-805 (CNA; includes CMA programs after 9/8/2014)

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.
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 Ronda Doolen, RN, BSN, MSN, Education Program Administrator, [rdoolen@azbn.gov](mailto:rdoolen@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. Applicable, information regarding the Small Business Bill of Rights, pursuant to ARS § 41-1001.01, is posted on the Arizona Board of Nursing website at: [www.azbn.gov](http://www.azbn.gov).
10. 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)

11. The Board inspector, auditor or regulator may not take any adverse action, treat the regulated person less favorably or draw any inference as a result of the regulated person's decision to be represented by an attorney or advised by any other experts in their field.
12. A notice that if the information and documents provided to the agency inspector, auditor or regulator become a public record, the regulated person may redact trade

secrets and proprietary and confidential information unless the information and documents are confidential pursuant to statute.

**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

4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014  
Phone (602) 771-7800 Fax (602) 771-7888  
E-Mail: arizona@azbn.gov  
www.azbn.gov

## MEDICATION ASSISTANT TRAINING PROGRAM APPLICATION APPROVAL FORM

<b>INSERT PROGRAM NAME</b>		<b>Code # _____</b>	
Contact Name		Office:	
Address		Fax:	
City, State, Zip		Email:	
<b>Application Received</b>			
<b>Date of Interview</b>			
<b>Type of Program</b>	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> High School	<input type="checkbox"/> Community College
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Comm. College	<input type="checkbox"/> Job Corps
	<input type="checkbox"/> Other Health Facility: _____	<input type="checkbox"/> Private Post-Secondary Board Approved School	<input type="checkbox"/> Private Non-Accredited School
		<input type="checkbox"/> Skill Center	<input type="checkbox"/> Other _____
<b>Person(s) Interviewed:</b>			
<b>Original Approval</b>			
<b>Relevant History:</b>			
<b>Recommendation to Executive Director</b>	Approval, 4 years		
<b>Additional Comments:</b>			
<b>OFFICIAL USE ONLY</b>			
Signature – Associate Director – Education/Evidence Based Regulation		Date Reviewed	
Comments:			
Signature - Executive Director		Date Approved	
Comments:			

**PROGRAM STAFF - R4-19-803**

**INSTRUCTOR APPLICANT R4-19-803(B)1**

Program instructor qualifications include: a. Holding a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15 and possess at least two years or 3,000 hours of direct care nursing experience; and have administered medications to residents of a long-term care facility for a minimum of 40 hours.

Instructor Qualifications Met:

- Unencumbered RN License
- Two Years or 3000 hours of direct care
- 40 hours LTC medication administration

List Instructor(s):

**STUDENT DATA**

Average Number in Class  
(Only 10 students per instructor.)

Number Trained in Last 2 Years  
(At least one class held in previous approval period.)

Pass Rate

(At least one graduate took the certification exam within previous approval period.)

Written

Manual

**CURRICULUM**

<b>Rule Citation</b>	<b>Document</b>	<b>Criteria Met</b>	<b>Comments</b>
<p><b>R4-19-801(C)(4)</b> A training program shall provide, in either electronic or paper format, a written curriculum to each student on or before the first day of class that includes a course description, course hours including times of instruction and total course hours, instructor information, passing requirements, course goals, and a topical schedule containing date, time and topic for each class session.</p>	<p><b>Syllabus Containing: Course Description;</b></p>	<p><b>Y N N/A</b></p>	
	<p><b>Course Objectives;</b></p>	<p><b>Y N N/A</b></p>	
	<p><b>Curriculum Including: Unit objectives, Unit outline, Learning activities and Hours of instruction for each unit of instruction - May use Board template with activities and hours</b></p>	<p><b>Y N N/A</b></p>	
<p><b>R4-19-801(C)(5)</b> For each unit or class session the program shall provide, to its students, written: a. Measurable learner-centered objectives, b. An outline of the material to be taught, and c. The learning activities or reading assignment.</p>			

<p><b>R4-19-801(C)(8)</b>  a. Plan each learning experience; b. Ensure that the curriculum meets the requirements of this Section; c. Prepare written course goals, lesson objectives, class content and learning activities; d. Schedule and achieve course goals and objectives by the end of the course; and e. Require satisfactory performance of all critical elements of each skill under R4-19-802 (H) for nursing assistant and R4-19-803(D)(4) for medication assistant before allowing a student to perform the skill on a patient or resident without the instructor's presence at the bedside.</p>	<p><b>completed by the program.</b></p>		
	<p><b>Instructor Information;</b></p>	<p>Y N N/A</p>	
	<p><b>Hours &amp; Times of Instruction;</b></p>	<p>Y N N/A</p>	
	<p><b>Topical Schedule Containing: Date, Time, and Topic for each class session</b></p>	<p>Y N N/A</p>	
	<p><b>Passing Requirements</b></p>	<p>Y N N/A</p>	

<p align="center"><b>POLICIES</b></p> <p><b>*Policies must be provided to students and show the effective date and review date for each policy</b></p>			
<p align="center"><b>Rule Citation</b></p>	<p align="center"><b>Document</b></p>	<p align="center"><b>Criteria Met</b></p>	<p align="center"><b>Comments</b></p>
<p><b>R4-19-801(A)(5)</b>  a. Make all program costs readily accessible on the school's website with effective dates, b. Publically post any increases in costs on the school's website 30 days in advance of the increase; c. Include in the cost calculation and public posting, all fees directly paid to the program including but not limited to tuition, lab fee, clinical fee, enrollment fee, insurance, books, uniform, health screening, credit card fee and state competency exam fee; and d. Provide a description of all program costs to the student that are not directly paid to the program</p>	<p align="center"><b>Fees and Financial Aid Policy</b></p>	<p>Y N N/A</p>	
<p><b>R4-19-801(A)(6)</b>  Before collecting any tuition or fees from a student, a training program shall notify each prospective student of Board requirements for certification including legal presence in the United States, criminal background check requirements, and ineligibility for certification under A.R.S. § 32-1606 (B) (17).</p>	<p align="center"><b>Notification of Board Requirements</b></p>	<p>Y N N/A</p>	

**POLICIES Cont.**

**\*Policies must be provided to students and show the effective date and review date for each policy**

<b>Rule Citation</b>	<b>Document</b>	<b>Criteria Met</b>	<b>Comments</b>
<p><b>R4-19-801(B)(3)</b> Admission requirements including: i. Criminal background, health and drug screening either required by the program or necessary to place a student in a clinical agency; and ii. English language, reading and math skills necessary to comprehend course materials and perform duties safely.</p>	<p><b>Admission Requirements Policy</b></p>	<p>Y N N/A</p>	
<p><b>R4-19-801(B)(3)(b)</b> Student attendance policy, ensuring that a student receives the hours and types of instruction as reported to the Board in the program's most recent application to the Board and as required in this Article. If absences are permitted, the program shall ensure that each absence is remediated by providing and requiring the student to complete learning activities that are equivalent to the missed curriculum topics, clinical experience or skill both in substance and in classroom or clinical time.</p>	<p><b>Attendance Policy</b></p>	<p>Y N N/A</p>	<p><b>Policy Present</b> <b>Verify Implementation at Site Visit</b></p>
<p><b>R4-19-801(B)(3)(c)</b> A final examination policy that includes the following provisions; i. Require that its students score a minimum 75% correct answers on a comprehensive secure final examination with no more than one re-take. The program may allow an additional re-take following documented, focused remediation based on past test performance. Any re-take examination must contain different items than the failed exam, address all course competencies, and be documented with score, date administered and proctor in the student record</p>	<p><b>Final Exam Policy</b></p>	<p>Y N N/A</p>	<p><b>Policy Present</b> <b>Verify Implementation at Site Visit</b></p>
<p><b>R4-19-801(B)(3)(c)(ii)</b> ii. Require that each student demonstrate, to program faculty, satisfactory performance of each practical skill as prescribed in the curriculum before performance of that skill on patients or residents without the instructor's presence, direct observation, and supervision.</p> <p><b>R4-19-801(C)(8)(e)</b> Require satisfactory performance of all critical elements of each skill under R4-19-802 (H) for nursing assistant and R4-19-803(D)(4) for medication assistant before allowing a student to perform the skill on a patient or resident without the instructor's presence at the bedside.</p>	<p><b>Skill Exam Policy</b></p>	<p>Y N N/A</p>	<p><b>Policy Present</b> <b>Verify Implementation at Site Visit</b></p>

**POLICIES cont.**

**\*Policies must be provided to students and show the effective date and review date for each policy**

<p><b>R4-19-801(B)(3)(d)</b>  Student record maintenance policies consistent with subsection (D) including the retention period, the location of records and the procedure for students to access to their records</p> <p><b>R4-19-801(D)</b>  A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. Curriculum and course schedule for each admission cohort; b. Results of state-approved written and manual skills testing; c. Documentation of program evaluation under subsection (A)(10); d. A copy of any Board reports, applications, or correspondence, related to the program; and e. A copy of all clinical contracts, if using outside clinical agencies.</p> <p>2. A training program shall maintain the following student records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available; b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803 (D)(4) for medication assistants; c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course; and d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken.</p>	<p align="center"><b>Student Record Maintenance Policy</b></p>	<p align="center">Y N N/A</p>	<p align="center"><b>Policy Present</b> <b>Verify Implementation at Site Visit</b></p>
<p><b>R4-19-801(B)(3)(e)</b>  Clinical supervision policies consistent with clinical supervision provisions of this Section, and: i. R4-19-802 (C) and (D) for CNA programs, or ii. R4-19-803 (B) and (C) for CMA programs</p> <p>Also, <b>R4-19-801(C)(10)</b>  A qualified RN instructor shall supervise any student who provides care to patients or residents by: a. Remaining in the clinical facility and focusing attention on student learning needs during all student clinical experiences; b. Providing the instructor's current and valid contact information to students and facility staff during the instructor's scheduled teaching periods; c. Observing each student performing tasks taught in the training program; d. Documenting each student's performance each day, consistent with course skills and clinical objectives; e. During the clinical session, engaging exclusively in activities related to the supervision of students; and f. Reviewing all student documentation.</p>	<p align="center"><b>Clinical Supervision Policy</b></p>	<p align="center">Y N N/A</p>	

**POLICIES cont.**

**\*Policies must be provided to students and show the effective date and review date for each policy**

<b>R4-19-801(B)(3)(f)</b> Student conduct policies for expected and unacceptable conduct in both classroom and clinical settings	<b>Student Conduct Policy</b>	Y N N/A	
<b>R4-19-801(B)(3)(g)</b> Dismissal and withdrawal policies	<b>Withdrawal and Dismissal Policies</b>	Y N N/A	
<b>R4-19-801(B)(3)(h)</b> Student grievance policy that includes a chain of command for grade disputes and ensures that students have the right to contest program actions and provide evidence in support of their best interests including the right to a third party review by a person or committee that has no stake in the outcome of the grievance	<b>Student Grievance Policy</b>	Y N N/A	
<b>R4-19-801(B)(3)(i)</b> Program progression and completion criteria	<b>Program Progression &amp; Completion Policy</b>	Y N N/A	

**EVALUATIONS**

<b>Rule Citation</b>	<b>Document</b>	<b>Criteria Met</b>	<b>Comments</b>
<b>R4-19-801(A)(9)</b> A training program shall provide each student with an opportunity to anonymously and confidentially evaluate the course instructor, curriculum, classroom environment, clinical instructor, clinical setting, textbook and resources of the program	<b>Student Evaluation Policy+Blank Eval Form</b>	Y N N/A	
<b>R4-19-801(A)(10)</b> A training program shall provide and implement a plan to evaluate the program that includes the frequency of evaluation, the person responsible, the evaluative criteria, the results of the evaluation and actions taken to improve the program. The program shall evaluate the following elements at a minimum every two years: a Student evaluations consistent with subsection (A)(9); b. First-time pass rates on the written and manual skills certification exams for each admission cohort; c. Student attrition rates for each admission cohort; d. Resolution of student complaints and grievances in the past two years; and e. Review and revision of program policies	<b>Blank Program Evaluation Plan (New Programs Only)</b>  <b>Program Evaluation Plan with Outcomes (Renewing Programs)</b>	Y N N/A	

## INSTRUCTION

### HOURS - R4-19-803(C)(1)

A medication assistant training program shall ensure each graduate received a minimum of 100 hours of total instruction consisting of: Instructor-led didactic instruction for a minimum of 45 hours; b. Instructor supervised skill practice and testing for a minimum of 15 hours; Instructor supervised medication administration for a minimum of 40 hours in a long-term care facility licensed by the Department of Health Services.

Minimum 100-Hour Program Divided Between Theory & Clinical (Minimum 40)

Total Hours:

**Didactic  
(Minimum 45)**

**Skills Lab  
(Minimum 15)**

**Instructor Supervised Medication  
Administration (Minimum 40 with  
Minimum of 40 in LTC)**

### Rule Citation

### Textbook Reference Materials

#### R4-19-801(C)(6)

A training program shall utilize an electronic or paper textbook corresponding to the certification level of the course that has been published within the previous five years. Unless granted specific permission by the publisher, a training program shall not utilize copies of published materials in lieu of an actual textbook

#### Name of Textbook, Author, Publisher and Year:

#### R4-19-801(C)(7)(a)

A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources: a. Reference materials, corresponding to the level of the curriculum

#### List of Current Reference Materials:

#### R4-19-801(C)(1)

During clinical training sessions, a training program shall ensure that each student is identified as a student by a name badge or another means readily observable to staff, patients, and residents.

Name Badge

## STANDARDIZED CURRICULUM

**R4-19-803(D)** A medication assistant training program shall provide classroom and clinical instruction in each of the following subjects:

Document	Criteria Met	Comments
Terminology	Y N N/A	
Laws affecting drug administration	Y N N/A	
Drug references	Y N N/A	
Medication action	Y N N/A	
Medication administration across the human lifespan	Y N N/A	
Dosage calculation	Y N N/A	
Medication safety	Y N N/A	

## STANDARDIZED CURRICULUM Cont.

**R4-19-803(D)** A medication assistant training program shall provide classroom and clinical instruction in each of the following subjects:

Document	Criteria Met	Comments
Asepsis	Y N N/A	
Documentation	Y N N/A	
Medication properties, uses, adverse effects, administration and care implications for the following types of medications:		
Vitamins, minerals, and herbs	Y N N/A	
Antimicrobials	Y N N/A	
Eye and ear medications	Y N N/A	
Skin medications	Y N N/A	
Cardiovascular medications	Y N N/A	
Respiratory medications	Y N N/A	
Gastrointestinal medications	Y N N/A	
Urinary system medications and medications to attain fluid balance	Y N N/A	
Endocrine/reproductive medications	Y N N/A	
Musculoskeletal medications	Y N N/A	
Nervous system/sensory system medications	Y N N/A	
Psychotropic medications	Y N N/A	
Medication administration theory and skill practice in administration of:		
Oral tablets, capsules, and solutions	Y N N/A	
Ear drops, eye drops and eye ointments	Y N N/A	
Topical lotions, ointments and solutions	Y N N/A	
Rectal suppositories	Y N N/A	
Nasal drops and sprays	Y N N/A	

## SPECIFIC REQUIREMENTS DEPENDING ON PROGRAM TYPE

Rule Citation	Document	Criteria Met	Comments
<b>R4-19-804(C)(9)(i) - NEW PROGRAMS</b> An implementation plan including start date and a description of how the program will provide oversight to ensure all requirements of this Article are met	<b>Implementation Plan</b>	Y N N/A	
<b>R4-19-801(A)(4) - NON LTC FACILITY PROGRAMS</b> A training program that uses external clinical facilities shall execute a written agreement with each external clinical facility that: a. Provides the program instructor the ability to assign patient care experiences to students after consultation with facility staff, and b. Contains a termination clause that provides sufficient time for enrolled students to complete their clinical training upon termination of the agreement.	<b>Clinical Contracts (Non-Facility Prog.)</b>	Y N N/A	

**INTERVIEW SUMMARY**

Topics Discussed with Instructor/Coordinator:

Program Strengths:

Program Weaknesses:

Recommendations:

**Signature of Program Reviewer**

**Date**