



APPLICATION FOR APPROVAL OF A CERTIFIED MEDICINE AIDE PROGRAM

Instructions: Submit the original application form to the Maryland Board of Nursing. Retain a copy for your records. Include the attached Checklist for Biannual Approval for **each** Medicine Aide program or Update course with your Faculty Data, Instructional Materials, Curriculum and Final Exam.

Return to: Attn: Pamela Ambush Burris, RN
Director of Education and Licensure
Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215
410-585-1913

Name & Address of Program Provider:

Phone Number:

Fax Number:

E-mail address: _____

Program Information:

Course: _____

Update: _____

Projected start date: _____

New Program _____

Change in existing program _____

Renewal _____

Location of Classroom

(Room number & address if different from above):

Locations(s) of clinical education:

(Use separate sheet if more than one):

Name of Program Director/Coordinator with license number: _____

Signature of Program Director/Coordinator: _____

Date: _____ Telephone number: _____

For State Use Only

Approved: ___yes ___no

(This approval is for this program only)

By: _____

Date: _____

CHECKLIST FOR APPLICATION OF APPROVAL OF MEDICINE AIDE COURSE AND/OR MEDICINE AIDE UPDATE

Institution and Address: _____

Contact Name and Telephone number: _____

I. Medicine Aide Course Approval (to accompany all applications Medicine Aide courses)

Indicate the following for this Medicine Aide Course:

- _____ Applicants are CNA and GNA certified
- _____ Applicants possess at least one year of experience
- _____ Applicants are employed as a GNA in a Comprehensive or Long Term Care Facility
- _____ Applicants possess reading/arithmetic ability (indicate criteria on separate page)
- _____ Use approved 60 hour minimum DHMH/Community College Curriculum
- _____ Additional hours, if any.
- _____ Student/faculty ratio

Curriculum addresses the subjects of:

- _____ Scope of role
- _____ Drug standards, references and resources
- _____ Legislation concerning drug utilization
- _____ Characteristics of elderly or exceptional client
- _____ Sources and Purposes of drugs
- _____ Medication Orders
- _____ Administration of Non-parenteral medications
- _____ Procedures and Techniques for administering drugs
- _____ Drug classification, related health problems, and patient care responsibilities
- _____ Drug solutions and measurements, and
- _____ Monitor for side effects and interactions

This Medicine Aide Program will/does:

- _____ Issue a Certificate for two years
- _____ Send a list of students upon successful completion of each Course with Names, Social Security Numbers, and Expiration Date of Medicine Aide Certificate in Excel spreadsheet format to: Ethel Stanley, Program Administrator, Maryland Board of Nursing.

List all clinical sites with name and address (you may attach this information):

Name and Maryland license number of faculty and clinical supervisor(s) (you may attach this information):

Attach a copy of your Faculty Data, Instructional Materials, Curriculum with clinical checklist, texts, and Final Exam for this Medicine Aide Course.

II. Medicine Aide Update Approval (to accompany all applications for Medicine Aide Update)

This program provides:

- _____ an 8 hour Continuing Education Update Course
- _____ for CNA/GNAs who are renewing a current CMA certification
- _____ With a 3 hour core that includes
- _____ Current relevant state regulations
- _____ Uses, actions, related precautions and possible interactions of current medications
- _____ New care procedures
- _____ Resources

_____ 3 additional hours on selected topics, listed below:

_____ and 2 hours of assessment testing.

This Medicine Aide Update program will/does:

- _____ Issue a Certificate for two years
- _____ Send a list of students upon successful completion of each Course with Names, Social Security Numbers, and Expiration Date of Medicine Aide Certificate in Excel spreadsheet format to: Ethel Stanley, Program Administrator, Maryland Board of Nursing.

Name and Maryland license number of faculty (you may attach):

Attach a copy of your Faculty Data, Instructional Materials, current Curriculum and Final Exam for this Medicine Aide Update.

If this institution includes a copy of the Maryland Board of Nursing Assisted Living Medication Administration Training Program Student Manual as a handout in either course, please indicate which: