



MAC. 01234

Name of MAC
Address of MAC
City, State Zip

DETAILED INSTRUCTIONS

COMPLETE ENTIRE APPLICATION ON THE BACK OF THIS FORM, SIGN, AND SEND APPROPRIATE FEE.

INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY BE SUBJECT TO LATE FEES.

Return the completed and signed application along with fee in the enclosed envelope postmarked on or before March 1, 2012 to avoid late fees. All fees must be made payable to "Treasurer, State of Ohio". Payment must accompany this application. **Personal checks or cash will NOT be accepted.** Send a certified check, cashier's check or money order. Business checks from government entities, corporations, and education or training programs will be accepted. Payments must be drawn on a United States (U.S.) bank or payable in U.S. dollars. **Fees are non-refundable.**

FEE POSTMARKED:

- On or before March 1, 2012: \$50.
- From March 2, 2012 to April 30, 2012: \$100.
- After April 30, 2012: the certificate is lapsed and the fee is \$150 (must provide proof of 15 contact hours of continuing education (CE) with the application).

INACTIVE STATUS: If you do not intend to function as a certified medication aide in Ohio for compensation or as a volunteer, you may request to have your certificate placed on inactive status. No fee or CE is required; just check the inactive box on the back of this form and return the application to the Board. Your application **must be postmarked NO LATER THAN APRIL 30, 2012** or your certificate will not be eligible to be placed on inactive status and your certificate will lapse.

CONTINUING EDUCATION (CE): During each certification period you are required to complete **15 contact hours** of CE. For this certification period, contact hours must be obtained between the date your most recent medication aide certificate was issued and April 30th 2012.

Of the fifteen (15) contact hours, one (1) contact hour must be directly related to establishing and maintaining professional boundaries and one (1) contact hour must be Category A (the portion of CE that meets the one hour requirement directly related to Ohio law and rules). Category A **must be approved by an OBN Approver, or offered by an OBN approved provider unit headquartered in the state of Ohio.** Ten (10) contact hours must be related to medications or medication administration consistent with the function of the certified medication aide. The remaining three (3) contact hours must be consistent with the function of a medication aide.

Do NOT send CE documentation to the Board at this time. You are required to maintain CE documentation for at least (6) years.

COMPLIANCE: Check the appropriate box for **each question** as it applies to you.

NAME/ADDRESS CHANGE: Make changes in the "Corrections" section. You must submit a certified record of a name change (i.e. marriage certificate/abstract, divorce decree/dissolution, court record indicating the name change) within thirty days of the change. Certified court documents can be obtained from the court where the original record was filed. Photocopies or notarized copies are not acceptable for a name change.

VERIFICATION: You must **sign** this MA-C renewal **application**.

IMPORTANT

- Your certificate will not be renewed until a completed application is received and processed by the Board.
- Your application is considered incomplete if all sections have not been completed, you have not signed your application, and/or your fee is incorrect.
- If your application is returned to you as incomplete for any reason, you will be responsible for any fees due based on the postmarked date of your completed application.
- You cannot function as a certified medication aide in Ohio without a current, valid Ohio certificate.
- Access Board information and publications, including the laws and rules, at www.nursing.ohio.gov

COMPLETE APPLICATION ON BACK OF THIS FORM →→→



APPLICATION FOR 2012-2014 CERTIFIED MEDICATION AIDE
BIENNIAL CERTIFICATE RENEWAL

CAREFULLY READ INSTRUCTIONS BEFORE COMPLETING

Name of MAC

Certificate Number: MA-C. 01234

Please make my certificate INACTIVE.

CONTINUING EDUCATION (CE): IF CE BOX IS NOT CHECKED APPLICATION WILL BE RETURNED AND LATE FEES MAY APPLY.

I met (or will meet by 4/30/2012) the CE requirements to renew this MA-C.

COMPLIANCE: You must answer Yes or No to each question or your APPLICATION WILL BE RETURNED AND LATE FEES MAY APPLY.

The following questions apply since the submission of your last renewal application, OR if this is your first renewal from the date your original certification application was filed.

If you answer "Yes" to any of the questions a-h, you are required to provide the Board with a written explanation of the events including the date, county, and state in which the events occurred and a certified copy of documents from the court or acting body. Your application is NOT complete until you have submitted these documents.

For questions a and b, have you been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction or received diversion for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to practice as a certified medication aide.

ANSWER EACH QUESTION OR APPLICATION WILL BE RETURNED AND LATE FEES MAY APPLY.

Table with 2 columns: Question (a-h) and Answer options (Yes/No). Questions cover felonies, misdemeanors, mental health, professional license issues, and disciplinary actions.

CORRECTIONS: PRINT CHANGES ONLY. LEAVE LINE BLANK IF THERE ARE NO CHANGES FOR THAT LINE

Form fields for personal information: Last Name, First, Middle Name, Address, City, State, Zip, County, Telephone, Email.

SKIP THIS BOX IF YOUR SOCIAL SECURITY NUMBER HAS NOT CHANGED SINCE APPLYING WITH THE BOARD.

If you have changed or obtained a new social security number, please provide both your old AND new social security numbers:

Old: New:

Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), and reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 45 C.F.R. pt. 60), reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, and/or as otherwise required by state and federal law.

VERIFICATION: You must sign on the signature line or your APPLICATION WILL BE RETURNED AND LATE FEES MAY APPLY.

I am a U.S. citizen or lawfully admitted into the U.S. or I am a foreign national not living in the United States. I verify that all information on this form is true and accurate. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.652, ORC. In order to process my application, act upon renewal requests, and respond to public requests to confirm my certificate status, my personal information be accessed in accordance with OAC 4723-1-11 (D)(2)(d)(ii).

SIGNATURE