



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

MEDICATION AIDE TRAINING PROGRAM APPLICATION

Applicant Training Program Name _____

Street Address _____

City, State, Zip _____

Telephone Number _____

E-mail Address _____

Anticipated Start Date of First Training Class _____



SUPERVISED CLINICAL PRACTICE

Rule 4723-27-07(6), Ohio Administrative Code (OAC), the supervised clinical practice component shall be provided in a nursing home that the Ohio Department of health has found to be free from deficiencies related to the administration of medications in the two most recent annual surveys, or in residential care facilities that the Ohio Department of health has found to be free from deficiencies, related to the administration of medications and the provision of skilled nursing care, in the two most recent annual surveys.

Type of Facility: Nursing Home Residential Care Facility (RCF)

Name of Facility _____

Street Address _____

City, State, Zip _____

Telephone Number _____



PROGRAM ADMINISTRATOR AND INSTRUCTORS

The Medication Aide Training Program (Training Program) must employ or contact with one or more nurses who collectively meet the requirements specified in Rule 4723-27-07(C)(2), Ohio Administrative Code (OAC). If additional space is needed, please attach additional pages.

Registered Nurse Administrator Name: _____
Credentials: _____

Instructor Name: _____
Credentials: _____

Instructor Name: _____
Credentials: _____



REQUIRED INFORMATION – ATTACHMENTS

Please attach the following:

1. The objectives and outcomes of the Training Program
2. The organizational chart for the Training Program
3. The curriculum for the Training Program. The Board has established a Model Curriculum that complies with the curriculum requirements specified in Rule 4723-27-08, OAC. A Training Program may use the Model Curriculum as written, use the Model Curriculum as a basis and expand upon the content and hours, or establish its own curriculum as long as it meets the requirements of Rule 4723-27-08, OAC.
4. Policies and/or procedures showing that the Training Program meets the following requirements:
 - a. The Training Program shall not admit students until the Board has notified the Training Program of approval by the Board.
 - b. The registered nurse program administrator shall direct and supervise all aspects of the Training Program and ensure that the program meets and maintains the requirements set forth in Ohio law and rules.
 - c. The Training Program shall disclose to all applicants, at the time of admission, the Training Program's refund policy, the cost of the Board approved medication aide examination, the qualifications for certification and that in order to be certified as a medication aide, an applicant will be tested to determine whether the applicant's

reading, writing, and mathematical skills are sufficient to administer prescription medications safely.

- d. The Training Program shall provide written certification, on a form specified by the Board, to a Board approved examination service provider of a student's eligibility to take a Board approved examination.
- e. The Training Program shall maintain records including results of a Board approved examination for each student for a period of six years following the date the student enrolled in the program.
- f. The Training Program shall conduct a program evaluation that includes, but is not limited to obtaining feedback from students, instructors, and employers of individuals who have successfully completed the Training Program.
- g. If applicable, the Training Program shall ensure an orderly transition between registered nurse program administrators, including notification of the transition to the Board within 30 days.
- h. If applicable, the Training Program will be closed in an orderly manner, including providing thirty days advance written notice to the Board, current students, and Training Program applicants of the tentative date of the closing, the location where the student records and other records will be retained, and the name, address, and other contact information of the custodian of all program records after the program is closed.

Attestation:

The Applicant has reviewed Ohio law and rules relating to requirements for the administration of a Medication Aide Training Program and attests that the Training Program it proposes meets and will maintain these requirements. The information submitted in this Application is true and accurate. The Applicant understands and agrees that the Board or its designees may conduct site visits to the Applicant or approved Training Program which may include review of resident and/or personnel records.

Printed Name

Title

Signature

Date

Please submit the completed application, and a \$1000 certified check or money order made payable to "Treasurer State of Ohio" to the Board.
Applications submitted without the appropriate fee will not be processed.