



# APPLICATION

## **Certified Medication Aide Continuing Education Update Program**

### **Chapter 677, Nurse Aide Training and Certification Subchapter 13**

**A certified medication aide shall complete at least eight (8) hours of continuing education every twelve (12) months, excluding the first year of certification, from a State approved program. A certified medication aide shall renew certification every twelve (12) months. Recertification requires documentation of completion of at least eight (8) hours of continuing education every twelve (12) months, excluding the first year, after certification as a medication aide. Recertification also requires current certification as a Long Term Care Aide, Home Health Aide or Developmentally Disabled Direct Care Aide.**

**In order to renew a CMA certification, a CMA must submit a completed ODH Form 717, A Certificate of Attendance and a \$10.00 Non-Refundable fee.**



## **INSTRUCTIONS**

### **Application for Certified Medication Aide Continuing Education Update Program**

- (A) Pursuant to the Oklahoma Administrative Code, Title 310, Chapter 677 Nurse Aide Training and Certification at 310:677-13-12(a), an entity seeking approval of a certified medication aide continuing education program shall file a nonrefundable application fee of seventy-five dollars (\$75.00) and a Certified Medication Aide Continuing Education Form. A Certified Medication Aide shall complete at least eight (8) hours of continuing education every twelve (12) months from a State approved program as required at 310:677-13-1(b).
- (B) The State recognizes seminars as the basic method of continuing education learning.
- (C) Criteria for State approval:
1. Per 310:677-13-6(d)(2), each CMA shall demonstrate competency and complete required continuing education that is relevant to the services being provided by the CMA. Relevance of subject matter and adequate Facilities:
    - a. Must relate to targeted audience
    - b. Must be designed to promote continued knowledge, skills and attitudes with current standards.
    - c. Assist the targeted audience in the improvement of their competencies.
    - d. Programs must be open and available to all individuals in Oklahoma in which the information applies.
    - e. Program location must provide adequate space to accommodate potential attendees and have the ability to provide needed equipment, sound, projectors, etc.
  2. Faculty qualifications:
    - a. Must have suitable academic qualifications and experience for subject presented.
    - b. Must have expertise in teaching and instructional methods suitable to subject presented.
  3. Learning objectives:
    - a. Must be reasonable and clearly stated.
    - b. Must be stated in behavioral terms, which defines the expected outcomes for participants.
  4. Sponsors must have expertise in the subject matter presented and must be from any of the following categories:
    - a. Accredited educational institutions.
    - b. Recognized professional association and/or trade association.
    - c. Individual or group of individuals which have knowledge, and/or experience in the subject matter.
  5. Registration fee for program:
    - a. Must be published clearly on promotional material.
    - b. Fees will be reviewed by OSDH.

## **INSTRUCTIONS Continued**

### **Application for Certified Medication Aide Continuing Education Update Program**

6. Curriculum:
  - a. The course title, and 3 different outlines of the curriculum with copies of the agenda must be submitted with the application for review.
7. Evaluation of Program:
  - a. Sponsor must allow the OSDH to evaluate the program.
  - b. Sponsor must provide an evaluation form for each program.
  - c. Copies of actual evaluations must be provided to OSDH upon request.
8. Certification of attendance:
  - a. To receive full credit, candidates must attend the complete program.
  - b. Per 310:677-13-12(d), the program shall, within 30 days after conclusion of a continuing education class, submit the following information to the Department's Nurse Aide Registry:
    - (1) The title of the class and number of hours offered;
    - (2) The name, certification number, and number of hours attended for each certified medication aide who satisfactorily completed the continuing education class.
  - c. The program must provide each CMA participant with a Certificate of Attendance upon completion of the program.
  - d. A copy of the certificate must be submitted with a completed Recertification Application, ODH Form 717, as required at 310:677-13-8(b).
9. Instructional hours:
  - a. Must be based upon clock hours (60 minutes = 1 clock hour).
  - b. Schedule must show registration, meal times and a breakdown of daily educational activities.
10. Review process:
  - a. All programs will be reviewed by designated staff at the Oklahoma State Department of Health.
  - b. Sponsor's must submit program application to the Department in advance of programs. The Department will respond in writing within 30 days of approval or disapproval.
  - c. If a program is disapproved, the sponsor will be notified in writing of the specific reasons for the disapproval.
11. Department approved CMA CEU programs shall be evaluated every 3 years per 310:677-13-12(c). Between evaluations, the program shall send the Department advance notice of changes.
12. If the program content of a previously approved CMA CEU program changes during the three (3) year approval period, a new application, ODH Form 736, shall be submitted for Departmental review and approval.



**APPLICATION**

**Certified Medication Aide Continuing Education Update Program**

**Organization/Agency/Program Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Program hours: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Number of Clock hours:** \_\_\_\_\_

<b>Program Location: (City, State)</b>	<b>Program Date(s):</b>
_____	_____
_____	_____
_____	_____

**1. Attendance: Describe method for recording attendance during the program and documentation of completion of the required program hours:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**APPLICATION Continued**

**Certified Medication Aide Continuing Education Update Program**

**2. Instructional Staff: Attach a brief biography or vitae of each presenter indicating qualifications, teaching experience, and a copy of their nursing license.**

Attachment # \_\_\_\_\_

**3. Attach the specific objectives for the program.**

Attachment # \_\_\_\_\_

**4. Fee charged for the program.**

Attachment # \_\_\_\_\_

**5. Attach copies of 3 different curriculum(s) with 3 syllabi.**

Attachment # \_\_\_\_\_

**6. Attach a copy of the program evaluation form to be used.**

Attachment # \_\_\_\_\_

**7. Attach a copy of the certification to be issued at the completion of the program.**

Attachment # \_\_\_\_\_

\_\_\_\_\_  
**(PRINT) Name of person submitting application**

\_\_\_\_\_  
**Signature of person submitting application**

**Date:** \_\_\_\_\_

**Submit Completed Application with a \$75.00 Nonrefundable Fee to the following address:**

**Nurse Aide Registry**  
**PO Box 268816**  
**Oklahoma City, OK 73126-8816**