

Certified Medication Assistant Program

PROGRAM OVERVIEW

Our next program will begin in April 10, 2018

Applications due to us by March 16, 2018

This is a course prescribed by the Maine State Board of Nursing and adheres to the Maine State Nursing Practice Act, Chapter 5. It is for Certified Nursing Assistants who have completed one or more years of full-time employment as a CNA and are listed as active and in good standing on the Maine State Registry of Certified Nursing Assistants.

The purpose of the course is to teach experienced CNA's to administer non-injectable medications to patients who are 4 years of age and older, performed under the direct supervision of a licensed nurse in a long-term care facility, state mental health institution, county jail, state correctional facility, or assistive living setting.

Students enrolled in this 120-hour program at RSU54 Adult and Community Education will complete 60-hours of classroom, 20 hours of laboratory practice and 40 hours of clinical (1 to 3 supervised practice). All course objectives must be met to successfully complete this program, including passage of a final written exam with a grade of 85 or better, and completion and demonstration of all skills on the Skills List in clinical or laboratory settings.

The **tuition is \$1,200**, which includes the textbook. A \$300 deposit or proof of funding is required with this application.

Course runs 7 weeks and classes are held Tuesday/Wednesday/Thursday 3 pm to 9 pm.

Classroom (60 hours) will be held at MSJ on the following dates: April 10, 11, 12, 17, 18, 19, 24, 25, 26, May 1.

Laboratory (20 hours) will be held at MSJ on the following dates: May 2, May 3, May 8 (all six-hour classes from 3pm to 9pm) and May 9 (2 hours from 3pm to 5pm)

Clinical (40 hours) will be held at MSJ on the following dates to total forty (40) hours: May 9 (four hour session), May 10, May 15, May 16, May 17, May 22, May 23 (all are six hours sessions – 3pm to 9pm) Clinical will be 1 to 3 supervised practice.

Enclosed:

- Application Packet Instructions
- Program Admission Criteria
- Application
- Sample Reference Letter

Certified Medication Assistant Program

APPLICATION INSTRUCTIONS

Our next program will begin in April 10, 2018

Applications due to us by March 16, 2018

A completed application must be filed with RSU54 Adult Education office by Friday, March 16, 2018.

To be considered complete, an application must contain the following:

1. Signed and dated acknowledgement of the CNA-M Admission Criteria.
2. A complete and signed/dated application that includes answer to all questions asked.
3. A printout of your current CNA Registry standing that indicates you are listed on the Registry with no disqualify annotations.
4. TWO letters of reference from Maine Registered Nurses who have supervised your work as a CNA. The letter **MUST BE** on institution stationery and indicate:
 - a. That you have completed the equivalent of at least one year of full-time employment as a CNA
 - b. Comments on your dependable work habits
5. \$300.00 deposit or proof of a 3rd party payment.

A complete application is essential to determine program eligibility. If you have any questions please call the adult education office for assistance. Thank you.

RSU54 Adult and Community Education

CNA-M Program Admission Criteria

Before being considered for the program, each applicant must:

1. Be at least 16 years old
2. Possess a sincere interest in working in the health care field
3. Have the physical and mental capacity to work as a CNA-M Aide
4. Successfully completed the 180-hour CNA Training Program
5. Demonstrate good grooming and personal hygiene.
6. Have no recent history of alcohol or drug abuse.
7. Return a completed application (to be considered complete all questions must be answered) with a deposit of \$300 or third party payment plan by **March 16**
8. Completed the Equivalent of **at least one year of full- time employment (2080 hours) as a CNA**. Must attach verification from your employer or Human Resources Department. The Board of Nursing has recently sent a letter to all programs that conduct CNAM courses requesting that facilities state how many hours per week constitutes "full-time", i.e., some are 32 hours and other are 40 hours.
9. Be currently listed on Maine Registry of Certified Nursing Assistants (in good standing and with no disqualify annotation), and **must attach** a current copy with your application from the "ALMS License Information" found online at Maine.gov.
10. Submit **two (2) letters of recommendation** from a director of nursing and/or a supervising registered professional nurse. The recommender must have directly supervised the applicant, and state so in the letter. (LPN letters are unacceptable) *See attached letter of reference template.*
11. Pass a reading comprehension test (CASAS) with a minimum of 10th grade reading level (score of 241-245).
12. Participate in a successful interview with the adult education director.
13. A person may not be hired as a CNA-M if that person has ever been:
 - a. Convicted of a crime involving abuse, neglect or misappropriation of property in a health care setting.

- b. The subject of a complaint involving abuse or neglect or misappropriation of property if the complaint was substantiated by the Maine DHHS and entered on the CNA Registry
- c. Convicted within the last 10 years of sexual misconduct, or abuse, neglect or exploitation in a setting other than a health care setting
- d. Convicted within the last 10 years for a crime that was punishable by 3 or more years in prison.

14. Learn More At:

- a. **CNA Training:** <http://www.maine.gov/education/it/directory/hoes/cna.htm>
- b. The **Maine Registry of Certified Nursing Assistants:**
<http://www.maine.gov/dhhs/dlres/cna/home.html>
- c. **Frequently asked questions** about working as a CNA:
<http://www.maine.gov/dhhs/dlrs/cna/faq/index.shtml>

**Please call office, 474-7553, to register for Orientation on
Wednesday, March 21, 2018 at 3:00pm.**

As an applicant of the RSU54/MSAD54 Adult and Community Education CNA-M program, I state that I have read the above criteria and understand that if I do not meet all requirements I will not be allowed admission into the program.

Applicant's Signature

Date

Medication Administration Course Application

Applications and all supporting documents must be received no later than March 16, 2018

Name: _____ Social Security # _____

Address: _____ Telephone: _____

_____ Date of Birth: _____

CNA Certificate Number: _____

1. When did you receive C.N.A. Certification? Where did you receive C.N.A. training?
2. How long have you been employed as a C.N.A.?
3. Have you completed at least the equivalent of one year of full time employment as a CNA? Please explain.
4. What facility are you currently employed with?
5. Have you taken any health courses other than a C.N.A. course?
6. Why do you want to be a CNA-MA?

7. What kinds of ethical issues involving medications do you feel are important and should be addressed in this course?

8. Do you have any responsibilities that could keep you from class?
9. List all the states you have lived in as an adult (18 years of age and older).
10. Have you **ever** been convicted of any crime under the laws of the State of Maine? ____ YES ____ NO
11. Have you **ever** been charged with abuse, neglect, or misappropriation of funds? ____ YES ____ NO
12. Have you **ever** appeared in court, paid any fine or been put on probation? ____ YES ____ NO
13. Have you **ever** been convicted of any crime under the laws of any other state? ____ YES ____ NO

If you have answered yes to question 9, 10, 11, or 12 – please attach court documents pertaining to each conviction (except for minor traffic violations).

List name, address, and phone number of the two supervising RN's who will be submitting references regarding your CNA work experience and your dependable work habits.

(Please print legibly)

Name: _____

Name: _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

APPLICANT'S AUTHORIZATION

I hereby state that the information submitted is true to the best of my knowledge.

I hereby acknowledge what I have received the CNA-MA Program Admission Criteria form and understand that all requirements must be met for acceptance into the program.

I hereby authorize the addressed individual company or other institutions to furnish the Adult Education program with any information that they may have on record or otherwise concerning me. I hereby release the addressed individual company or institutions and all individuals connected herewith, including RSU54/MSAD54 Adult and Community Education, from any liability for any damage whatsoever in furnishing such information.

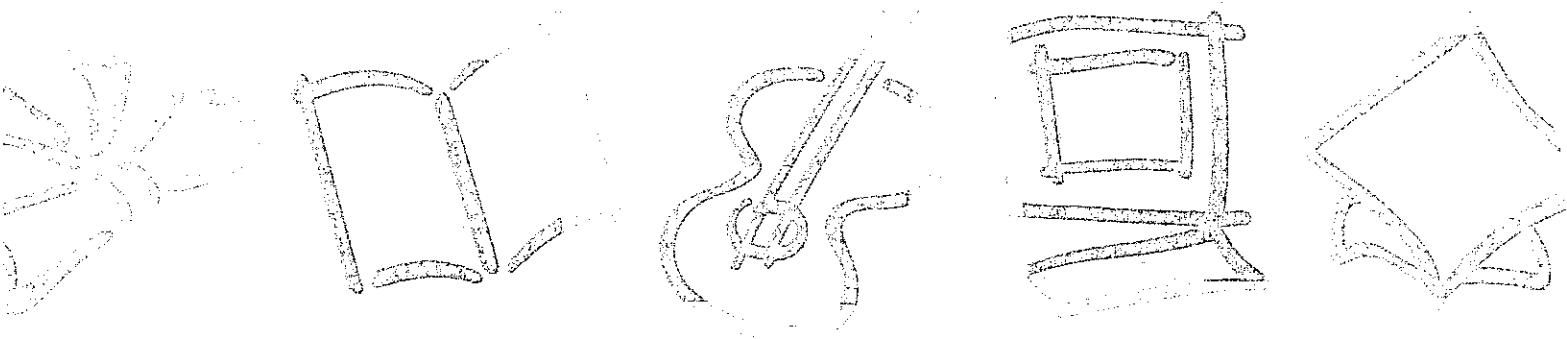
Applicant's Signature: _____ Date: _____

A deposit of \$300 is required with this application.

Full payment (\$1,200) is expected before the start of the first class unless prior arrangements are made with the Adult Education Office. We accept Master Card and Visa; Checks; Cash; and money orders.

If you are being sponsored by your employer or other agency, please contact the Adult Education Office to discuss billing and payment procedures. **IF** you are being sponsored, the deposit will be refunded after receipt of agency/company payment.

Due to the limited enrollment, No Refunds will not be offered after Tuesday, April 10, 2018.



SAMPLE REFERENCE LETTER

INSTRUCTIONS: You need to submit two letters of reference from Maine Registered Nurses who have supervised your work as a CNA. The letters must be on the stationary of the institution where you worked and were supervised. The letter must address both:

- Your dependable work habits
- That you have performed the equivalent of at least one year of full-time employment as a CNA

We strongly suggest that you provide this instruction sheet to the RNs who will be writing your letters of reference – to use as a guide:

On Facility Stationary

Current Date

RSU #54 Adult Education
Attn: Bill Laney, Director
61 Academy Circle
Skowhegan, Maine 04976

RE: To Whom It May Concern

It is my pleasure to support _____ (applicant's name) application to enroll in the Certified Nursing Assistant Medication Course (CNAM). I am a Maine registered professional nurse and have supervised _____ (applicants) work as a CNA.

_____ (applicant) has been employed as a CNA with our facility since _____ and has worked full-time, _____ hours per week as a CNA. At this facility _____ hours per week constitutes "full-time" employment.

I can attest to _____ (applicant's) dependable work habits. He/she is extremely reliable, dependable, kind, and compassionate. He/she provides excellent care to our residents and also treats all families and co-workers with dignity and respect.

Based upon my supervision of _____ (applicant), I am pleased to recommend him/her for a CNA-M course. Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Registered Nurse