



## MEDICATION AIDE- CERTIFIED COURSE

### Program Specifications

The Utah Health Care Association's Medication Aid Certified course will consist of 60 clock hours of didactic (classroom) training which is consistent with the model curriculum, and at least 40 hours of practical training within a long-term care facility.

The classroom instructor will have a current, active, unencumbered LPN, RN or APRN license or multistate privilege to practice nursing in Utah and have at least one year of clinical experience.

The on-site practical training experience instructor will also have a current, active, unencumbered LPN, RN or APRN license or multistate privilege to practice nursing in Utah and have at least one year of clinical experience.

As of 1/13/2022 Utah Health Care Association designates the clinical Instructor as Cody Morgan, APRN license # 353760-4405 and will provide adequate and appropriate trainers based on the above criteria.

Each student will conduct their clinical hours at their own facility supervised by an on-site practical training experience instructor. The practical training instructor will be approved by UHCA upon application to the program. The practical training instructor-to-student ratio shall be: 1:2 if the instructor is working one-on-one with the student to administer the medications; or 1:6 if the instructor is supervising a student who is working one-on-one with the clinical facility's medication nurse. The on-site practical training experience instructor shall be on-site and available at all times if the student is not being directly supervised by a licensed nurse during the practical training experience. By each student conducting their clinical hours at their own facilities, they will have access to appropriate trainers and resources to provide the training program including a well-stocked clinical skills lab or the equivalent.

Prerequisites for enrolling in the training program are as follows:

- High school diploma or successful passage of the general educational development (GED) test
- Current certification as a nurse aide, in good standing, from the Utah Nursing Assistant Registry
- A minimum of 2,000 hours of experience within the two years prior to application, working as a certified nurse aide in a long-term care setting
- Current CPR certification

The Utah Health Care Association will use the Mosby's Textbook for Medication Assistants and the Mosby's Workbook for Medication Assistants to teach this course and use the curriculum consistent with the model curriculum in Section R156-31b-803.

The Utah Health Care Association will teach the class in-person, or virtually if the student must travel 50 miles or more to attend the class. The class will also be offered virtually if COVID-19 poses a danger to students attending.

By signing below, I attest that the proposed training curriculum is consistent with the model curriculum in Section R156-31b-803

A handwritten signature in black ink, appearing to read 'Brittany Carver', is written over a horizontal line.

Brittany Carver, Utah Health Care Association



# MEDICATION AIDE-CERTIFIED COURSE APPLICATION

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Company Currently Employed with: \_\_\_\_\_

## Eligibility Requirements

Do you have a high school diploma?

YES  NO

If no, have you successfully passed the General Educational Development (GED) test?

YES  NO

Do you have a current certification as a nursing aide, in good standing, from the Utah Nursing Assistant Registry?

YES  NO

Do you have at least 2,000 hours experience within the two years prior to application working as a certified nurse aide in a long-term care setting?

YES  NO

Do you have a current cardiopulmonary resuscitation (CPR) certification?

YES  NO

## Required Clinical Information

The UHCA Medication Aide-Certified Course requires you to do your clinicals at the facility you currently work at. Please state the information for your on-site practical training experience instructor below.

**The on-site practical training experience instructor shall meet the following criteria: Have a current LPN, RN or APRN license or multistate privilege to practice nursing in Utah; and have at least one year of clinical experience.**

Please note: The practical training experience instructor-to-student ration shall be: 1:2 if the instructor is working one-on-one with the student to administer the medications; or 1:6 if the instructor is supervising a student who is working one-on-one with the clinical facility's medication nurse. The on-site practical training experience instructor shall be on-site and available at all times if the student is not being directly supervised by a licensed nurse during the practical training experience. **The facility must provide the student with a well-stocked clinicals skills lab or the equivalent.**

On-Site Practical  
Training Experience  
Instructor Full Name:

\_\_\_\_\_  
*First* *Last* *License #*

Clinical Site Address:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone:

\_\_\_\_\_  
Email

**On-Site Practical Training Experience Instructor/Administrator Signature**

**By signing, I agree to being the on-site practical training experience instructor shall meet the following criteria: Have a current LPN, RN or APRN license or multistate privilege to practice nursing in Utah; and have at least one year of clinical experience. The practical training experience instructor-to-student ration shall be: 1:2 if the instructor is working one-on-one with the student to administer the medications; or 1:6 if the instructor is supervising a student who is working one-on-one with the clinical facility's medication nurse. The on-site practical training experience instructor shall be on-site and available at all times if the student is not being directly supervised by a licensed nurse during the practical training experience.**

\_\_\_\_\_  
*On-Site Practical Training Experience Instructor Signature Printed Name*

\_\_\_\_\_  
*On-Site Practical Training Experience Instructor Signature*

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

\_\_\_\_\_  
*Facility Administrator Printed Name*

\_\_\_\_\_  
*Facility Administrator Signature*

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

**Applicant Signature**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the licensee, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and discloses all material acts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for participation in the course.

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Applicant's Signature*

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