



APPLICATION FOR APPROVAL OF A CERTIFIED MEDICINE AIDE PROGRAM

Instructions: Submit the original typed application form to the Maryland Board of Nursing. Retain a copy for your records. Include the attached Checklist for Biannual Approval for each Medicine Aide program or Update course with your Faculty Data, Instructional Materials, Curriculum and Final Exam.

Return to: Attn: Cheyenne Redd, MSN., RN., Director of Education and Licensure Maryland Board of Nursing 4140 Patterson Avenue Baltimore, MD 21215

Name & Address of Program Provider:

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Program Information:

Course: \_\_\_\_\_

New Program \_\_\_\_\_

Update: \_\_\_\_\_

Change in existing program \_\_\_\_\_

Projected start date: \_\_\_\_\_

Renewal \_\_\_\_\_

Location of Classroom

(Room number & address if different from above):

Location(s) of clinical education:

(Use separate sheet if more than one):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Program Director/Coordinator with license number: \_\_\_\_\_

Signature of Program Director/Coordinator: \_\_\_\_\_

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

Daytime telephone number: \_\_\_\_\_

For State Use Only

Approved: \_\_\_yes \_\_\_no  
(This approval is for this program only)

By: \_\_\_\_\_  
Date: \_\_\_\_\_

**CHECKLIST FOR APPLICATION OF APPROVAL OF MEDICINE AIDE COURSE  
AND/OR MEDICINE AIDE UPDATE**

Institution and Address: \_\_\_\_\_

Contact Name and Telephone number: \_\_\_\_\_

**I. Medicine Aide Course Approval** (to accompany all applications Medicine Aide courses)

Indicate the following for this Medicine Aide Course:

- \_\_\_\_\_ Applicants are CNA and GNA certified
- \_\_\_\_\_ Applicants possess at least one year of experience
- \_\_\_\_\_ Applicants are employed as a GNA in a Comprehensive or Long Term Care Facility
- \_\_\_\_\_ Applicants possess reading/arithmetical ability (indicate criteria on separate page)
- \_\_\_\_\_ Use approved 60 hour minimum DHMH/Community College Curriculum
- \_\_\_\_\_ Additional hours, if any.
- \_\_\_\_\_ Student/faculty ratio

Curriculum addresses the subjects of:

- \_\_\_\_\_ Scope of role
- \_\_\_\_\_ Drug standards, references and resources
- \_\_\_\_\_ Legislation concerning drug utilization
- \_\_\_\_\_ Characteristics of elderly or exceptional client
- \_\_\_\_\_ Sources and Purposes of drugs
- \_\_\_\_\_ Medication Orders
- \_\_\_\_\_ Administration of Non-parenteral medications
- \_\_\_\_\_ Procedures and Techniques for administering drugs
- \_\_\_\_\_ Drug classification, related health problems, and patient care responsibilities
- \_\_\_\_\_ Drug solutions and measurements, and
- \_\_\_\_\_ Monitor for side effects and interactions

This Medicine Aide Program will/does:

- \_\_\_\_\_ Issue a Certificate for two years
- \_\_\_\_\_ Send a list of students upon successful completion of each Course with Names, Social Security Numbers, and Expiration Date of Medicine Aide Certificate in *Excel spreadsheet format* to: Ethel Stanley, Program Administrator, Maryland Board of Nursing.

List all clinical sites with name and address (you may attach):

Name and Maryland license number of faculty and clinical supervisor(s) (you may attach):

Attach a copy of your Faculty Data, Instructional Materials, Curriculum with clinical checklist, texts, and Final Exam for this Medicine Aide Course.

**II. Medicine Aide Update Approval** (to accompany all applications for Medicine Aide Update)

This program provides:

- \_\_\_\_\_ an 8 hour Continuing Education Update Course
- \_\_\_\_\_ for CNA/GNAs who are renewing a current CMA certification
- \_\_\_\_\_ With a 3 hour core that includes
- \_\_\_\_\_ Current relevant state regulations
- \_\_\_\_\_ Uses, actions, related precautions and possible interactions of current medications
- \_\_\_\_\_ New care procedures
- \_\_\_\_\_ Resources

\_\_\_\_\_ 3 additional hours on selected topics, listed below:

\_\_\_\_\_ and 2 hours of assessment testing.

This Medicine Aide Update program will/does:

- \_\_\_\_\_ Issue a Certificate for two years
- \_\_\_\_\_ Send a list of students upon successful completion of each Course with Names, Social Security Numbers, and Expiration Date of Medicine Aide Certificate in *Excel spreadsheet format* to: Ethel Stanley, Program Administrator, Maryland Board of Nursing.

Name and Maryland license number of faculty (you may attach):

*Attach a copy of your Faculty Data, Instructional Materials, current Curriculum and Final Exam for this Medicine Aide Update.*

***If this institution includes a copy of the Maryland Board of Nursing Assisted Living Medication Administration Training Program Student Manual as a handout in either course, please indicate which:***