

WCTC School of Health
800 Main Street
Pewaukee, WI 53072
262.691.5425 (Phone)

Certified Medication Assistant Program Application Packet

Return completed packet by mail or email to:

Waukesha County Technical College
Attention: CMA Program
800 Main Street, Room H-101; Pewaukee, WI 53072
Email: STrainer@wctc.edu

Student name _____ WCTC student ID number _____

Phone _____ Email _____

Employer _____ Employer phone _____

Administrator/DON name _____ Email _____

Initials	Document Required	Completed by Student or Employer
	Recommendation #1 for employee admission	Employer
	Recommendation #2 for employee admission	Employer
	Official ACT score/high school or college transcripts sent to Admissions	Student
	Copy of CNA card	Student
	Copy of driver's license or I.D. card	Student
	Copy of social security card	Student

IMPORTANT INFORMATION REGARDING REGISTRATION:

Spring classes: Applications for all students will be accepted beginning September 10. Students from the Waukesha County area will be given registration priority until November 1, after which registration will be on a first-come, first-served basis.

Fall classes: Applications for all students will be accepted beginning April 1. Students from the Waukesha County area will be given registration priority until May 10, after which registration will be on a first-come, first-served basis.

Incomplete application packets will not be processed and you will be contacted via email as to what is missing.

A confirmation email will be sent to the email account listed above upon admission to the program.

If you have any questions, contact: Sherry Trainer at STrainer@wctc.edu.

By signing below, I verify that this application packet is accurate and complete.

Student signature _____ Date _____

Certified Medication Assistant Program

Student Checklist

<input checked="" type="checkbox"/>	Student Must	Details	Deadline
<input type="checkbox"/>	Print and read CMA Info on Web, also Student and Facility requirements.	Determine eligibility for the Program before applying by going to www.wctc.edu/nursing-asst and clicking on "Certified Medication Assistant." Contact Sherry Trainer at STrainer@wctc.edu with questions.	Prior to applying for the CMA course.
<input type="checkbox"/>	Set up a WCTC student account to get your Username and ID	Set up your student account and ID at www.wctc.edu/create-account	Prior to applying for the CMA course.
<input type="checkbox"/>	Schedule and take the Accuplacer Reading Test (or submit official ACT scores/ high school or college transcripts)	Go to www.wctc.edu/testing or call the Assessment Center at 262.695.6215 Minimum Score: Accuplacer 55, ACT Reading 13, OR High School GPA 2.60.	You will not be able to apply or register for a course until this step is completed.
<input type="checkbox"/>	Complete CMA Application Packet and return by mail, or email.	Return completed paperwork to office via mail or email: WCTC / Attention: CMA Program 800 Main Street, H-101 Pewaukee, WI 53072 Or STrainer@wctc.edu	As soon as possible You will be notified via email that you have been given a permit to register.
<input type="checkbox"/>	Contact instructor after receiving notification of acceptance into course for CLASS 1 requirements.	Send email to instructor and request Reading Assignment, Syllabus, Timeline, and Abbreviations for CLASS 1. This will prepare you for the first day of class: Sally Christiansen, RN, SChristiansen@wctc.edu	As soon as possible
<input type="checkbox"/>	Purchase textbook and workbook package at WCTC bookstore or online. Purchase of books from online book companies tend to be less costly. Cost: about \$105. Purchase pens, pencils, a few high-lighters, and notecards.	WCTC Bookstore web site: www.wctcbookstore.com Package of textbook and workbook ISBN: 978-0-323-04687-9 Textbook for Medication Assistants and Textbook for Medication Assistants Workbook Sorrentino, Remmert.(2009), Mosby: Elsevier	Before first day of class – Read and study chapter 1-4 in Textbook and complete Workbook. Always bring textbook and workbook to class.
<input type="checkbox"/>	Borrow a Nursing Drug Handbook from your facility.	Bring Nursing Drug Handbook to first day of class.	First day of CLASS 1.
<input type="checkbox"/>	Read, study, and complete chapter 1-4 in textbook and workbook.	Multiple choice and True/False quiz at the end of CLASS 1.	End of CLASS 1.
<input type="checkbox"/>	Read course syllabus instructor emails to you.	The Syllabus contains course rules about grading, attendance, on time arrival, etc.	CLASS 1. Bring questions to class.
<input type="checkbox"/>	Begin memorizing 1st group of abbreviations for CMAs. Instructor will email to you.	Will be tested on quizzes after the first few weeks of course. Assignments will be available to provide practice.	Tested weekly beginning Quiz 3
<input type="checkbox"/>	Begin memorizing List of Basic Math Abbreviations & Equivalents, Ex. 1 oz = 30 mL	Will be tested on quizzes after the first few weeks of course. Assignments will be available to provide practice.	Tested weekly beginning Quiz 3
<input type="checkbox"/>	Review Timeline (Schedule)	Timeline (Schedule) will be discussed/clarified so students know what to expect each class.	Bring questions to CLASS 1

**Certified Medication Assistant Program
Administrative Recommendations**

Applicant Name _____ Facility Name _____

Facility Address _____ Facility Phone _____

A. To be completed by Human Resources or Administrator:

1. This CNA has worked as a direct care provider in this skilled nursing facility from _____ to _____.
2. Total hours worked to date in this facility is _____.
3. As of today's date, _____, this CNA has worked _____ hours within the last 90 days, caring for the same residents in this skilled nursing facility the student will be working with during clinical.
4. This CNA has at least 2,000 hours of direct patient care in skilled nursing setting within last 3 years. Yes No
5. Verified copy of **Caregiver Background Check** materials. Yes No
I verify I have conducted an investigation into applicant's background. I am satisfied there is no history of recent alcohol/drug abuse and no previous conviction for a felony/criminal offense related to Controlled Substance Act.

Name _____ Signature _____

Title _____ Date _____

6. I confirm that our facility does not have a Nurse Aide Training and Competency Evaluation Program prohibition.

Name _____ Signature _____

Title _____ Date _____

7. I confirm this CNA is able to perform the following skills correctly and have verified the accuracy of the readings.
Radial Pulse Yes Apical Pulse Yes Manual BP Yes

Name _____ Signature _____

B. To be completed by Administrator and Director of Nursing:

We recommend this CNA for the Medication Assistant Course. We agree to provide a RN preceptor for clinical.

*As a reminder, please be aware preceptors must attend a 1.5 hour training session at WCTC **PRIOR** to the start of class. These training sessions are required by the State of Wisconsin. If the preceptor does not attend a training session and does not contact the Medication Assistant Instructor, the student will **not** be allowed to begin the course.*

Yes No Date _____

Yes No Date _____

Name of Administrator

Name of Director of Nursing

Signature

Signature

Email address

Email address



Long Term Care Facility Requirements for Certified Medication Assistant Class

Employer Requirements:

1. Verify hours of employment.
2. Confirm facility does not have a Nurse Aide Training and Competency Evaluation Program (NATCEP) prohibition.
3. Complete Administrative Recommendation form.
4. Complete Nurse Recommendation form.
5. Determine availability of one RN preceptor who will work with CMA student for all 40 clinical hours.
6. Complete the RN preceptor form. See additional info below regarding the RN preceptor meeting.
7. Verify student's ability to perform both a manual and electronic blood pressure.
8. Verify student's ability to determine an accurate apical pulse.
9. If facility plans to pay for the course tuition and textbook, the facility needs to send a notation on official letterhead, including the facility name, billing address, and tax exempt number.

RN Preceptor Meeting at WCTC

The details regarding the RN preceptor role are described in the State of Wisconsin statutes related to Medication Aides. All participating agencies are required to identify one RN to act as a preceptor for each student. The same preceptor must be available for all 40 hours of the clinical. A preceptor is only allowed to work with one CMA student during a shift. As required by the state, the RN must attend a 1.5 hour preceptor meeting at WCTC to identify the roles and responsibilities of the CMA student and nurses. The preceptor meetings are scheduled **before** class starts. **If a RN preceptor does not attend a meeting or contact the CMA Instructor prior to start of class, the student will not be allowed to continue in the course.**

Instructor: Sally Christiansen, RN, SChristiansen@wctc.edu, 262.691.5585.

When the roster is set up the instructor will be contacting the 12 preceptors to set up meeting dates.

Clinical Dates

The clinical follows successful completion of the written and skill (practicum) exam. Students will be scheduled individually for 40 clinical hours. Clinical must be on a unit where the student has worked a minimum of 40 hours in the last 90 days with residents the student will pass meds for. Students must work with the same RN preceptor during all of the clinical hours. If staffing allows, it is an advantage to schedule the clinical over a week or two to maximize skill development. Clinical hours will be based on the student, preceptor, and instructor availability. Clinical hours will begin in November and must be completed on or before December 15.

Blood Pressure and Pulse Competency

Students must demonstrate radial and apical pulses, as well as blood pressure the first day of class. It is the agency's responsibility to verify the applicant has these skills prior to the start of class. If a student is unsuccessful, the CNA will be referred back to their facility for instruction.

Computer Access

Depending on home access, assist student with use of computer to complete assignments and printer for course materials.

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RN Preceptor Agreement for Certified Medication Assistant Class

- After successfully completing the lecture and lab portion of the course, the 40 clinical hours takes place in the student's facility with an RN from the facility acting as preceptor. The preceptor for the CMA student must be an RN employed in the skilled nursing facility, rather than agency personnel. The role of preceptor cannot be transferred from one RN to another during a shift or over the 40 hour clinical. The specific clinical hours is determined based on the schedule of the student, RN preceptor, and WCTC instructor. Clinical hours must be completed within a 4-week time frame.
- The RN preceptor must attend a 1.5 hour meeting at WCTC prior to the start of the course. See "Facility Requirements" for more information related to the RN preceptor meeting. If the preceptor does not attend the required preceptor meeting, the preceptor must contact the CMA Instructor, Sally Christiansen, at SChristiansen@wctc.edu to arrange for another time to meet at the WCTC campus prior to the start of class.
- The RN preceptor will be assuming responsibility for the direct supervision of the CMA student. Under the rules of the State of Wisconsin, this means the preceptor **MUST** be in the facility for all of the student's clinical hours. The RN preceptor is responsible for the following:
 1. Demonstrate safe and aseptic practice administering medications.
 2. Orientate the student to med pass routine specific to facility, including organization tips.
 3. Determine the appropriate number of residents for student's med pass each shift.
 4. Validate the accuracy of the student's med pass, including math calculations.
 5. Reinforce the importance of Medication Assistants making thorough detailed observations.
 6. Reinforce the importance of Medication Assistants utilizing solid problem-solving skills, leaving judgment calls and decision making to RN.
 7. Once the student is off to a good start, the RN preceptor may allow the student to work with another nurse or experienced med tech to further practice med passing skills. It is not necessary for the RN preceptor to be at the student's side for all 40 hours. Other highly skilled individuals with high standards and good practices may assist in the student's skill development.
 8. Act as a resource for student.
 9. Provide feedback to the student related to strengths and suggest ways to improve med pass skills.
 10. Complete a final skills assessment checklist.
 11. Sign the Headmaster application.

I, _____, agree to serve as RN preceptor for _____.
RN Preceptor Name Student's Name

RN Preceptor Signature _____ Title _____

RN Preceptor Email _____ License Number _____

Name of Unit for Clinical _____ Unit Phone _____

Time of Clinical _____

IN CASE OF EMERGENCY:

RN Phone (cell) _____ RN Phone (home) _____



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Nursing Recommendations for Certified Medication Assistant Class

Applicant Name _____

Nursing Assistant experience and employee recommendations are a requirement of the Bureau of Quality Compliance for individuals to participate in the Medication Assistant Course. In order to document these recommendations, the information requested below is required.

Long Term Care Staff Nurse #1

1. I have worked with the above named person in his/her status as a Certified Nursing Assistant and have observed the care delivered and skills practiced.
2. To the best of my knowledge, this person has practiced his/her profession with high ethical and moral standards.

I recommend this person for admission to the WCTC Medication Assistant Course: Yes No

Comments: _____

Staff Nurse Name _____ Signature _____

Address _____ Phone _____

Long Term Care Staff Nurse #2

1. I have worked with the above named person in his/her status as a Certified Nursing Assistant and have observed the care delivered and skills practiced.
2. To the best of my knowledge, this person has practiced his/her profession with high ethical and moral standards.

I recommend this person for admission to the WCTC Medication Assistant Course: Yes No

Comments: _____

Staff Nurse Name _____ Signature _____

Address _____ Phone _____