

**WCTC School of Health**

800 Main Street

Pewaukee, WI 53072

262.691.5425 (Phone); 262.691.5241 (Fax)

## Certified Medication Assistant Program Application

**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 by Administrator	Employer
	Recommendation by Preceptor	Employer
	Recommendation #1 & #2 by Long Term Care Staff Nurse	Staff Nurses
	Course prerequisites sent to Admissions	Student
	High School transcript sent to Admissions	Student
	Authorization to Release information to the sponsoring institution	Student

**IMPORTANT INFORMATION REGARDING REGISTRATION:**

**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 when the student has a permit to register.**

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 \_\_\_\_\_

**Office use only**

Date Rec'd \_\_\_\_\_ Permit Issued By \_\_\_\_\_ CNA Registry Verification \_\_\_\_\_



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

RN or LPN RN or LPN

- 8. The employee has completed and signed Authorization to Release all information to the sponsoring institution. Yes

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 participate in a one hour phone meeting with the CMA faculty PRIOR to the start of class. This is required by the State of Wisconsin. If the preceptor does not attend a meeting or 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 the facility plans to pay for the course tuition and textbook, contact Financial Accounting at 262.691.5578.

### RN Preceptor Meeting

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 participate in a one hour phone meeting with the CMA faculty prior to the start of class 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.**

### 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.

### 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. This must be signed off by an RN or LPN.

### Computer Access

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

# 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 Participate in a one hour phone meeting with the CMA faculty prior to the start of class. See “Facility Requirements” for more information.
- 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) \_\_\_\_\_



# 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 \_\_\_\_\_



Authorization to Release Educational Record Information

Registration and Records
800 Main Street, Pewaukee, WI 53072
262.691.5280 (Phone)
262.691.5123 (Fax)
records@wctc.edu

Name Last First Middle Maiden

Telephone # ( ) Student ID/Social Security #

Address

City State Zip

I hereby authorize Waukesha County Technical College of Wisconsin to disclose the following education records (check all that apply)

- Grades Academic transcript Course registration and enrollment
Other (specify)

Release information to:

Organization/institution/individual

Name or title of recipient

Address

City State Zip

Currently enrolled Last enrolled Year Major

Reason for release (required)

- Application for employment Admission to an institution Financial aid agency
Parent Shared programs
Letter of recommendation I waive the right to review this letter. (Please check)
Other (Please explain)

Student Signature Date

The Family Educational Right and Privacy Act of 1974 ("FERPA") is federal legislation that protects students' education records. School officials must protect the privacy of education records and are not permitted to disclose personal identifiable information without consent.

Directions for Student

A separate Authorization of Academic Disclosure Form is required for any organization/institution/individual who may be called upon to disclose education records.

Directions to WCTC staff and faculty

An Authorization of Academic Disclosure Form, completed and signed by the student, must be in your possession before disclosing education records such as grades, attendance, or reference letter.

To revoke authorization or any questions regarding this policy should be directed to the Registrar's Office, Waukesha County Technical College (262.691.5471.)

