New Mexico Certified Medication Aide Training

This course meets the Board of Nursing requirements for training certified medication aides in the administration of routine and PRN medications in the nursing facility setting.

Classroom Training
March 28-April 7, 2017

8:00 am – 5:00 pm
12:00 – 1:00 pm – Lunch on your own

Location of the Class:
NMHCA Training Center
4600A Montgomery Blvd. NE, Suite 205
Albuquerque, NM 87109

Cost: $800.00 per person – Members
Cost: $1200.00 per person – Non-Members

Payment in Full must accompany the application. Send registration form and payment to
NMHCA - 4600A Montgomery Blvd NE Ste 205, Albuquerque, NM 87109
505-880-1088

Only **20** training slots are available – So register TODAY – NMHCA is NOT able to reserve space without the participant applications and payment!

The first 20 qualifying applications received along with payment in full will be enrolled in the course.

New Mexico
Certified Medication Aide
Training Program

Facility Qualifications

As a participant in the CMA training program the facility must:

- ☐ Be approved by the Board of Nursing to utilize CMAs
- ☐ Maintain a Board of Nursing approved Nurse Educator. If your Nurse Educator leaves employment, you must notify the Board of Nursing immediately and submit a different RN for approval as your Nurse Educator. Nurse educators MUST attend the nurse educator training offered by the Board of Nursing.

Trainee Qualifications

It is the participating facility's responsibility to ensure the facility and each CMA trainee meets or exceeds the following qualifications**. NMHCA will NOT accept registration from individuals. Registration MUST come through the facility as the facility must agree to support the individual throughout the training process including conducting the clinical rotation. Refunds are NOT given to individuals under any circumstances so facility support is a must.**

As a participant in the CMA training program the trainee must:

- ☐ Be at least 18 years of age
- ☐ Possess a High School Diploma or GED
- ☐ Have on file with the employer, a Criminal Background Check Clearance
- ☐ Hold a valid CNA Certification with the Nurse Aide Registry (**preferred**, **not required**)
- ☐ Have at least 6 months employment in an approved health care facility
- ☐ Have a demonstrated ability to read, write and follow instructions in English
- ☐ Have the recommendation of the DoN/ Nurse Educator at the participating facility
- ☐ Must have or be able to obtain current CPR certification

Certified Medication Aide
Training Schedule

CPR Training is no longer offered

Tuesday, March 28, 2017	8:00 am – 5:00 pm CMA Training
Wednesday, March 29, 2017	8:00 am – 5:00 pm CMA Training
Thursday, March 30, 2017	8:00 am – 5:00 pm CMA Training
Friday, March 31, 2017	8:00 am – 5:00 pm CMA Training
Monday, April 3, 2017	No Class
Tuesday, April 4, 2017	8:00 am – 5:00 pm CMA Training
Wednesday, April 5, 2017	8:00 am – 5:00 pm CMA Training
Thursday, April 6, 2017	8:00 am – 5:00 pm CMA Training
Friday, April 7, 2017	8:00 am – 5:00 pm CMA Training

100% attendance is mandatory. Attendees should arrive on-time and be prepared to stay until the instructor excuses the class.

NMHCA CMA Cancellation Policy

Cancellations received on or before March 13 will be refunded in full, minus a $50 administrative processing fee. Cancellations received between March 14 and March 21 will be charged at 50% of the registration fee. No refunds will be issued after March 22, 2017. **"No-Show's" will be required to pay the full registration fee.** *Please note that if NMHCA receives enrollment sufficient to fill the class, all monies will be refunded minus the $50 processing fee regardless of the date, but only if the class fills.*

NMHCA allows attendee substitutions provided the substitute attendee meets all requirements put forth in this application. Please fax or email cancellation notices to 505.880.1157 or talter@nmhca.org. Substitutions will require a signed application be faxed to 505.880.1157. Please indicate at the top of the application that this person is a replacement and who the individual is replacing to avoid being charged an additional registration fee.

New Mexico
Certified Medication Aide
Training Program
Registration / Commitment Form

Please complete a separate form for each participant

The following are minimum qualification standards set forth by NMHCA and the Board of Nursing. Registration in this CMA training program signifies your commitment to the participant and the program.

Participant must:

- ☐ Be at least 18 years of age
- ☐ Possess a high school diploma or GED
- ☐ Have criminal background check clearance on file with their current employer.
- ☐ Possess current CPR certification. (can be obtained prior to beginning clinical rotation)
- ☐ Be able to read, write and follow instructions in English.
- ☐ Be employed in long term care for at least 6 months prior to first day of training

Facility must:

- ☐ Cooperate fully with all Board of Nursing on oversight inquiries and visits – including designating a Nurse Educator to meet BoN requirements.
- ☐ Maintain accurate records and respond promptly to all requests for data and documentation. (i.e., Medication error reports etc.)
- ☐ Offer full support of the trainee(s) during the required 100 hour training program and continued support in continuing education.
- ☐ Provide nurse preceptor(s) to conduct 40-hours of clinical training at your facility as part of the CMA program. The Board of Nursing requires a 1:2 ratio during clinical training.

By registering to participate in the CMA program, you are certifying your facility meets the following minimum requirements:

- ☐ The participant meets all requirements set forth in this application.
- ☐ Your facility is a Board of Nursing Approved participant facility – you will not be able to complete the clinical rotation until you receive your approval from the BoN.

Payment is required for enrollment to be complete.

Facility/Organization: _____

CMA Participant Name: _____

Phone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

_____

Administrator or Nurse Educator Date

NMHCA will not accept application not submitted by a board approved agency. Your signature indicates the candidate meets the minimum requirements set forth above, the facility assumes the responsibility of conducting the required clinical rotation, and that the facility has been approved by the Board of Nursing to utilize CMAs. Failure to meet these minimum qualifications will hinder your ability to use CMAs.