



1

NEW MEXICO BOARD OF NURSING
8/17/2026



THE NEW MEXICO BOARD OF NURSING (NMBON)

1



2

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Certified Medication Aide Program
2026 Rule Updates and Review
16.12.5 NMAC

PRESENTED BY: ANGELA APODACA, UAP HEALTHCARE
SURVEYOR

UNLICENSED ASSISTIVE PERSONNEL PROGRAMS

*THIS MICROSOFT POWERPOINT IS NOT ALL INCLUSIVE OF THE RULES AND IS ONLY MEANT TO SUPPLEMENT THE REVIEW OF THE MEDICATION AIDE
REGULATION, 16.12.5 NMAC

2

3

Learning Objectives

16.12.5 NMAC

- UNDERSTAND THE BOARD PROCESS
- APPLY MEDICATION AIDE PROGRAM RULES
- RECOGNIZE NURSE EDUCATOR RESPONSIBILITIES
- IDENTIFY APPROPRIATE FORMS/TOOLS FOR MEDICATION AIDE PROGRAMS
- LOCATE RESOURCES FOR NURSE EDUCATORS ON THE BON WEBSITE

8/17/2026 NEW MEXICO BOARD OF NURSING

3

NM Board Mission

4

Mission of the New Mexico Board of Nursing:

“Protect the public safety through effective regulation of nursing care and services.”

Promote, preserve and protect the public health, safety and welfare by regulating the practice of nursing, schools of nursing, hemodialysis technicians and medication aides in the state.

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4



Why new Rules?

5

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- ▶ Had feedback from community
- ▶ Needed clarification and update to industry needs.
- ▶ To expand the program and increase available practice locations to help address the nursing shortage.
- ▶ Implement stacking credentials to create a foundational knowledge pathway that may support progression into an accelerated LPN program.

5



Shift to Shared Accountability

6

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- ▶ **Shifted the program model to shared accountability; Director of Nursing (DON) is now primarily responsible, with duties delegated to the Nurse Educator.**
- ▶ Allows for delegation to an LPN, expanding staff availability to monitor program. DON is accountable for nursing care, now has oversight of program. Reduce turnover in the Nurse educator role.

6



7

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8/17/2026

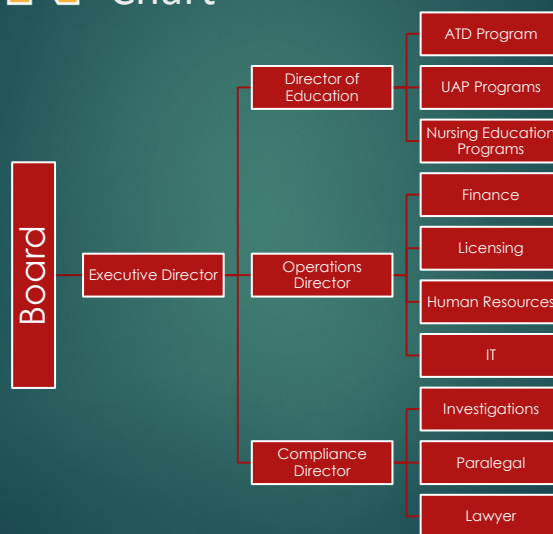
Review of Board and Program structure

7



Board and Agency Org Chart

8

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8



Types of Advisory Committees



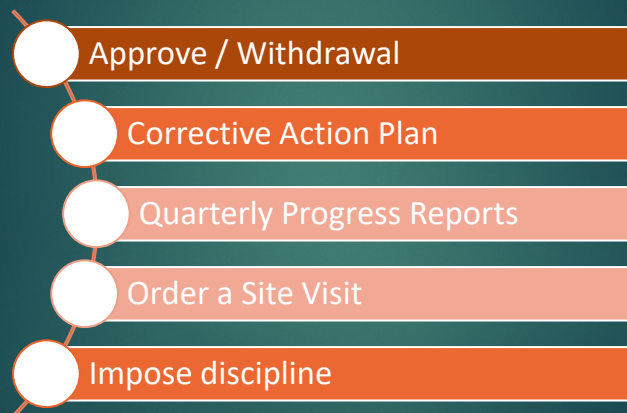
Advisory Committees can only make recommendations to the Board

9



Board Actions

10



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8/17/2026

10

11

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CMA Program

11

12

Title 16,
Chapter 12,
Section 5
(16.12.5)

New Mexico Administrative Code (NMAC):

- Part 1 – General Provisions
- Part 2 – Nurse Licensure
- Part 3 – Nursing Educational Programs
- Part 4 – Hemodialysis Technicians
- Part 5 – Medication Aides**
- Part 9 – Management of Chronic Pain with Controlled Substances
- Part 10 – Management of Medical Records
- Part 11 – Lactation Care Providers
- Part 12 – Discipline and Application Denials
- Part 13 – Diversion Program for Chemically Dependent Nurses

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8/17/2026

12

13

16.12.5.8 NMAC Medication Aide Fees

(Only change was removal
of duplicate)

- ▶ Initial certification by examination \$45.00
- ▶ Re-examination \$ 30.00
- ▶ Renewal of medication aide certificate \$ 45.00
- ▶ Reactivation of a lapsed certificate \$ 50.00
- ▶ Reactivation of a lapsed certificate following board action \$ 60.00
- ▶ Initial certificate Military personnel, spouse, dependent, or veteran \$ 0
- ▶ First renewal of certificate Military Personnel, spouse, dependent or veteran \$ 0
- ▶ Initial program review and approval \$ 250.00
- ▶ Program renewal \$ 200.00
- ▶ Board ordered program review or program evaluation for approval \$200.00

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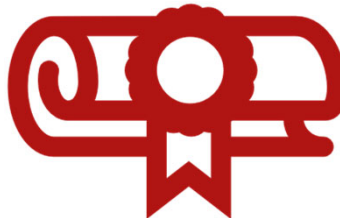
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13

14

What is a medication aide program?

▶ The formal program of study, certification, continuing education, standards of function, disciplinary action, and minimum standards. A board approved nurse is required for the supervision and observation of the medication aide.



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14



Medication Aide Programs in the State of New Mexico

15

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Long Term Residential Facilities



Community-based facilities that support IDD/ICF



Assisted Livings

- Medication aides employed in multiple health care settings except acute care facilities
- Facilities cannot train medication aide students or employ CMAs unless they have a Board of Nursing approved program in place

15



Roles and Responsibilities

16

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Administrator

- Notification of Board / Changes
- Resources

Director of Nursing

- Responsible for Nursing Practice
- Helps select Preceptors

Nurse Educator

- Program Operations
- Competency
- Documentation

Clinical Preceptor

- Train Students
- Remain with CMA

Nurse Supervision

- Charge, RN, LPN (or on call)
- 24/7

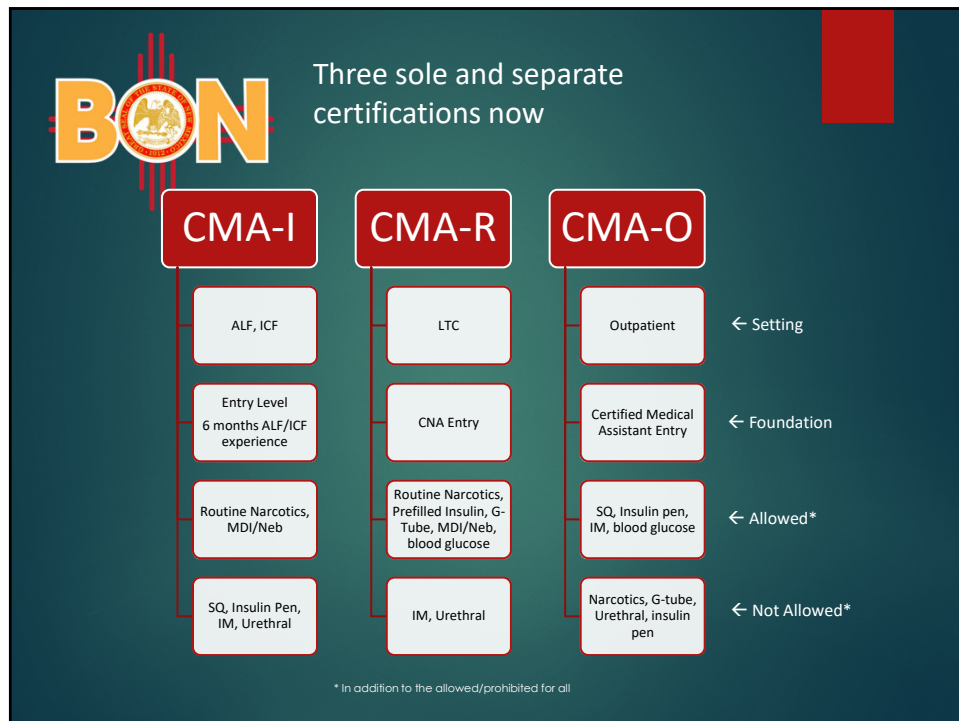
CMA

- Maintain Certification
- Practice within Scope
- Annual CEs

16



17



18

16.12.5.7 NMAC Certified Medication Aide-I Definition

19

Scope of CMA I

- Means a person who has received training preparing for a role of medication administration under the supervision/direction of a licensed nurse in *intermediate care facilities (ICF), intermediate care facilities for Individuals with intellectual disabilities (ICF/IDD), or assisted living facilities (ALF)*
- After passing the board approved exam, they may become certified as a CMA I and are permitted to be **delegated** routine medication administration under the *supervision/direction* of a registered nurse
- **Must have 6 months of healthcare experience *New**
- Cannot work in Nursing or skilled Facilities

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8/17/2026

19

Certified Medication Aide-R Definition

20

Scope of Certified Medication Aide - Residential care facilities (CMA-R)

- means a person who is certified by the board, to administer medications under the supervision and at the direction of a registered nurse or a licensed practical nurse in *nursing and skilled facilities, assisted living, and intermediate residential care facilities*.
- After passing the board approved exam, they may become certified as a CMA R and be **delegated** insulin administration with a *prefilled insulin pen*.
- **Must have held a CNA certificate, does not have to be/stay active *New**
- Eligible for Accelerated LPN Path

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8/17/2026

20

Certified Medication Aide-O Definition

21

Scope of Certified Medication Aide - Outpatient (CMA-O) *New

- means a person who is certified by the board to administer medications under the supervision and at the direction of an advanced practice registered nurse, a registered nurse, or a licensed practical nurse specializing *in ambulatory or outpatient settings*.
- After passing the board approved exam, they may become certified as a CMA O and be **delegated** insulin administration with a *prefilled insulin pen* on top of the CMA I Scope. May take peripheral blood glucose samples.
- Must hold an active National Certification for Medical Assistant
- Cannot work in other locations
- Eligible for Accelerated LPN Path

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8/17/2026

21

TRANSITION PLAN 2026-2027

22

All CMAIs shall be reclassified to CMA-R. Reclassified CMA-Rs will not be required to obtain a CNA certificate to renew unless their CMA certificate has lapsed for 12 months or more.

Certified Medication Aides I (CMA-I) practicing in nursing facility settings must move to the CMA-R designation by next renewal:

Complete additional insulin administration training prior to renewal of their next certification.

- ▶ shall include a minimum of 8 hours of didactic instruction and at least 20 supervised insulin injections
- ▶ may be completed under a qualified nurse educator and counted toward continuing education hours.
- ▶ Upon submission of documentation verifying completion, the CMA-I shall be transitioned to the Certified Medication Aide—Residential (CMA-R) designation.

CMA-Is working in ALFs/IDDs/ICFs are permitted to move to the CMA-R designation by completing the Insulin training.

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8/17/2026

22



CMA Eligibility Update

23

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- ▶ Added proof of Homeschooling to education eligibility
- ▶ Modified work-hour requirements and removed specific hour minimums
- ▶ Provided clearer guidance for out-of-state applicants to ensure their CMA education aligns closely with New Mexico requirements.

23



CMA Eligibility Update

24

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- ▶ Aligned CMA and **nursing student** curricula to encourage participation, provide valuable healthcare experience, and support students working in healthcare while completing nursing school.

24



Automated Machine Access

25

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- ▶ **Allowed CMAs to obtain medications from automated storage machines with training** Eto ensure CMAs have access to the tools necessary to perform their role, establish competency expectations, and reduce medication errors related to human error.

25



Foundational Knowledge

26

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- ▶ **CMA-Is** now require 6 months of healthcare experience
 - ▶ proved by paystub or agency attestation
- ▶ **CMA-Rs** now must have held a C.N.A. certificate either active or inactive
 - ▶ Primary source verification from CNA registry
- ▶ **CMA-Os** must hold an active nationally recognized Medical Assistant certificate.

26



CMA Function Changes

27

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- ▶ Revised language for allowed and prohibited functions to clarify scope based on supervision and foundational education
- ▶ Ensure safe practice standards and clearly defined scopes for each CMA certification type based on supervision, care setting, and foundational education. Medical assistants may become CMA-O, CNAs may progress to CMA-R, and entry-level CMA I staff are limited from working in higher-acuity settings.

27



28

16.12.5.10 Standards of Function for the Medication Aide

01

Under the supervision/direction of a licensed nurse administer routine medications.

02

The medications must be ordered by a person authorized in the state to prescribe medications

03

The medication must be prepared by the person who will administer it

04

Medication administration errors and adverse reactions must be reported to the licensed nurse immediately

05

Administer PRN medications only after contacting and receiving authorization from a licensed nurse to administer

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28



Prohibited Functions of the Medication Aide

29

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SHALL NOT

administer medication by intramuscular, intravenous, subcutaneous or nasogastric routes (Unless otherwise note din scope)

take medication orders

alter medication dosage as ordered by the prescriber

perform any function or service for consumers for which a nursing license is required

administer medication without the supervision/direction of a licensed nurse

administer medications in any agency other than a board approved agency

administer medications when medication administration requires an assessment of the patient's need

administer medication when the patient requires continued nursing assessment

29

Scope per role

30

CMA-I	CMA-R	CMA-O
oral, sublingual, buccal, gastric tube, transdermal, topical, ophthalmic, otic, nasal, vaginal, rectal, premixed nebulizer or metered dose inhaler.	oral, sublingual, buccal, gastric tube, jejunostomy tube, transdermal, topical, ophthalmic, otic, nasal, vaginal, rectal, insulin via pen, nebulizer or metered dose inhaler.	oral, sublingual, buccal, transdermal, topical, ophthalmic, otic, nasal, vaginal, rectal, nebulizer or metered dose inhaler; subcutaneous and intradermal medication; intramuscular injections, such as vaccines and immunizations.

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30



***New
Routine Medication
Definition**

31



A medication for which the frequency of administration, amount, strength, and method of administration are specifically fixed as determined by the health care provider authorized by the state to prescribe medications.

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31



32

Medications that are NOT routine

A medication that the time of administration, the amount, the strength of dosage, the method of administration or the reason for administration is left to nursing judgment or discretion.

PRN medications, including narcotics, can be given if the nurse directs the CMA to administer, provides the rationale, and follows up with any assessment after the administration.

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32



Nursing Delegation

33

"Delegation" means transferring to a *competent* individual the authority to perform a delegated nursing task in a selected situation. The licensed nurse retains accountability for the delegation.

The shift licensed nurse is responsible for performing patient assessments if there is a PRN medication needed, if a question arises in any part of administration, if the patient refuses, or if there is a change in condition.



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8/17/2026

33



Disciplinary Action

34

The Board shall conduct hearings upon charges relating to discipline of a CMA or the denial, suspension, or revocation of a certificate.

❑ Grounds for Disciplinary Action:

- ❑ Incapable of functioning as a medication aide for any reason including use of substances that impair judgement
- ❑ Performance of unsafe or unacceptable care in which actual injury need not be established
- ❑ Incapable of functioning as a responsible member of the healthcare team

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8/17/2026

34

35

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8/17/2026

Program Responsibilities

35

36

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New Ownership = New Program

- ▶ **New ownership is now required to submit a new program application**
- ▶ Previously, new owners continued operating existing CMA programs without submitting updated applications. This often resulted in missing records, incomplete documentation, and lack of notification to the Board.
- ▶ New Rule ensures clear separation between previous and new ownership, allow full program evaluation under new ownership, and enable the Board to assess whether the program may remain active during the approval process.

36



While seeking approval...

37

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- ▶ New Owner may be allowed to continue the previously approved program no prevent interruption in patient services.
- ▶ Temporary approval is at the discretion of the board, for a period not to exceed 90 days or until the board provides initial program approval.

37

Director of Nursing & Administrator

38



Duties were divided by role. The DON now holds overarching responsibility for policies, program outcomes, and management



Administrator responsible for communicating vacancies



The Nurse Educator is delegated day to day operations such as; training, scheduling, competency validations, and reporting.



Provided clear expectations for each role in rules. Shared responsibility promotes continuity during staff turnover while improving oversight, accountability, and patient safety

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8/17/2026

38



Medication Aide Program Nurse Educator

39

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8/17/2026

- A board approved licensed nurse, who has program oversight and is delegated the authority to operate the program from the director of nursing, for an approved agency that coordinates and teaches a medication aide program and retains the responsibility for the supervision, direction, and competency of the medication aide student. Training and curriculum materials shall be developed by a registered nurse.

Program Oversight	Develops, coordinates, and teaches
Accountability	Determines competency of the medication aide student
Education	Supervision, direction, and continuing competency assessment

39



*New Orientation Requirement

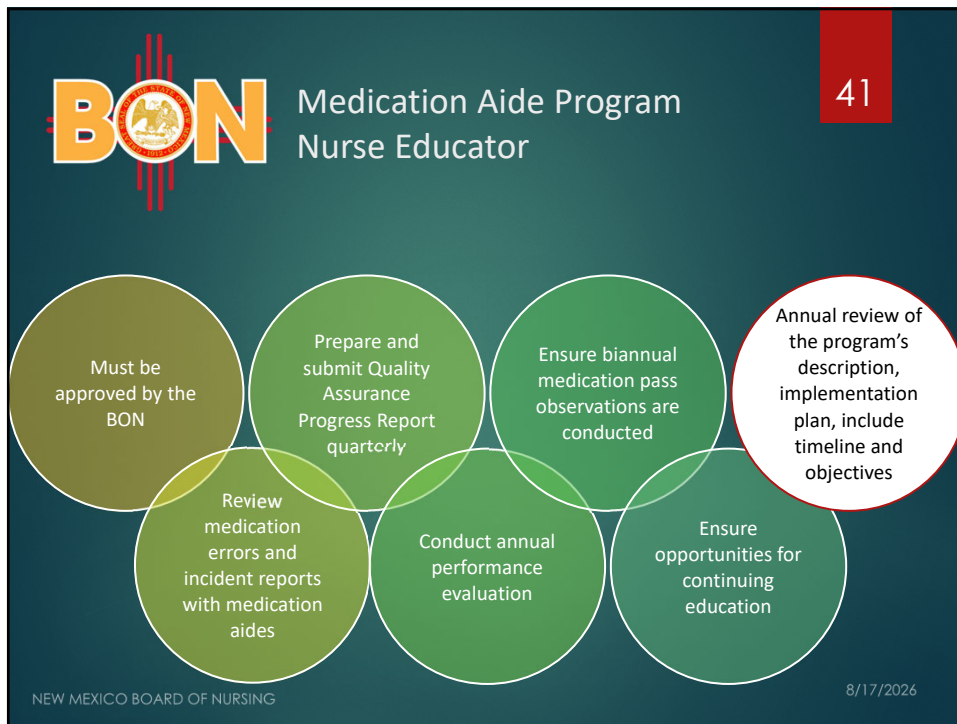
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8/17/2026

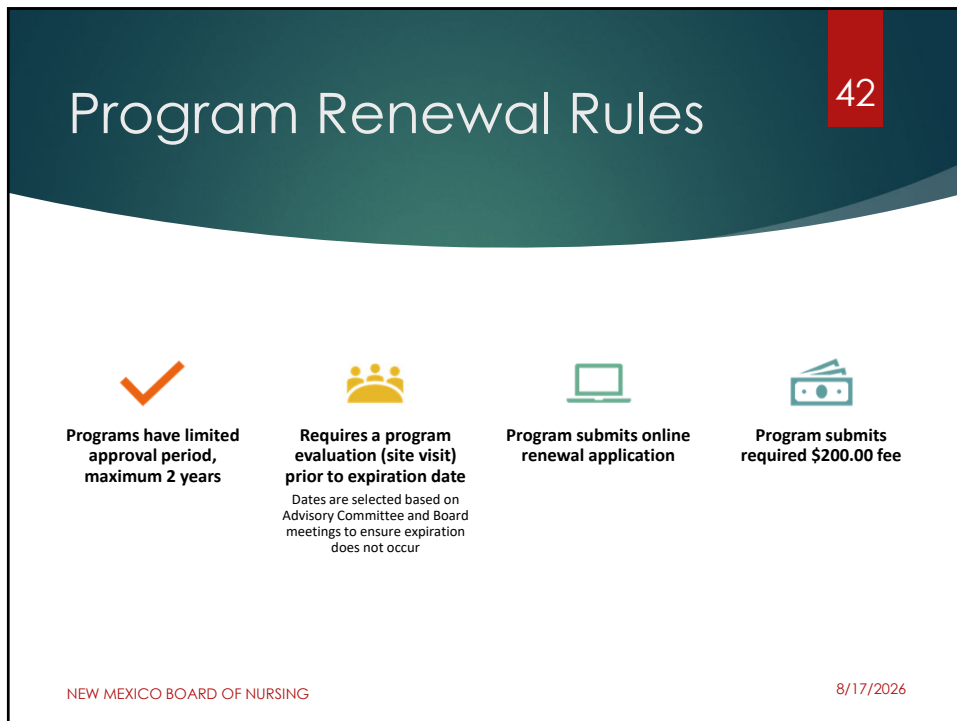
- ▶ Once you receive "approval" of your request to be the facility's approved Nurse educator;
- ▶ Sign up for orientation ASAP
 - ▶ Earlier orientation leads to earlier compliance and better patient safety
- ▶ **NEW PROGRAMS:** Educator must attend orientation within 90 days of NE approval
- ▶ **RENEWING PROGRAMS:** Educator must attend orientation within first 6 months of NE approval
- ▶ BOTH your approval letter AND orientation documentation stay in the NE File.

All are welcome to attend Nurse Educator Orientation

40



41



42



What drives the timeline?

43

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8/17/2026

2026 MAAC Meetings	2026 Board Meetings	2027 MAAC Meetings	2027 Board Meetings
	Jan 15		Jan 7
Feb 3	March 5	Feb 2	March 4
March 31	May 7	Apr 6	May 6
June 2	June 16	June 8	July 15
August 4	Sept 3	August 10	Sept 2
Sept 29	Nov 12	October 5	Nov 4, 5

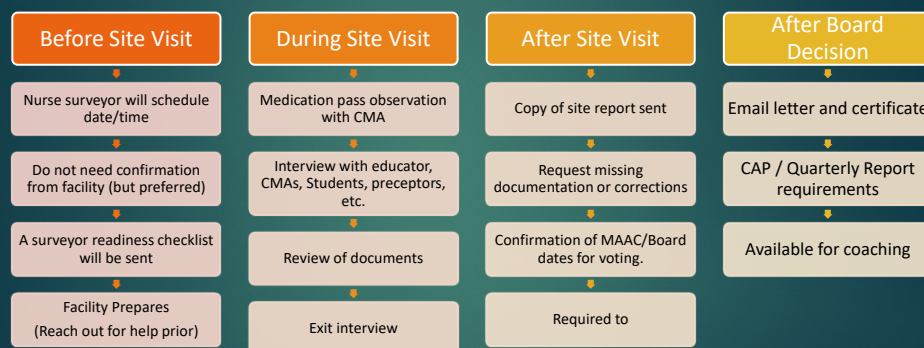
MAAC must review prior to the Board

43



What to expect

44



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8/17/2026

44



Medication Aide Program

Types of approval

45

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Initial

- New Programs, accept application
- Board determines site visit schedule to begin



Full Approval

- Max 2-year approval
- Site Visit required for renewal



Full Approval with Warning

- Max 2-year approval
- Can impose CAP, Quarterly reports, site visits



Probationary

- Max 1-year approval (can be 6 months)
- Unfixed issues can result in program withdrawal



45



*New Student training

46

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- ▶ Prohibited facilities on probationary status from training new CMAs until returned to good standing.
 - ▶ Intent; to improve patient safety by ensuring CMA student training occurs only in facilities that meet minimum program standards.

46



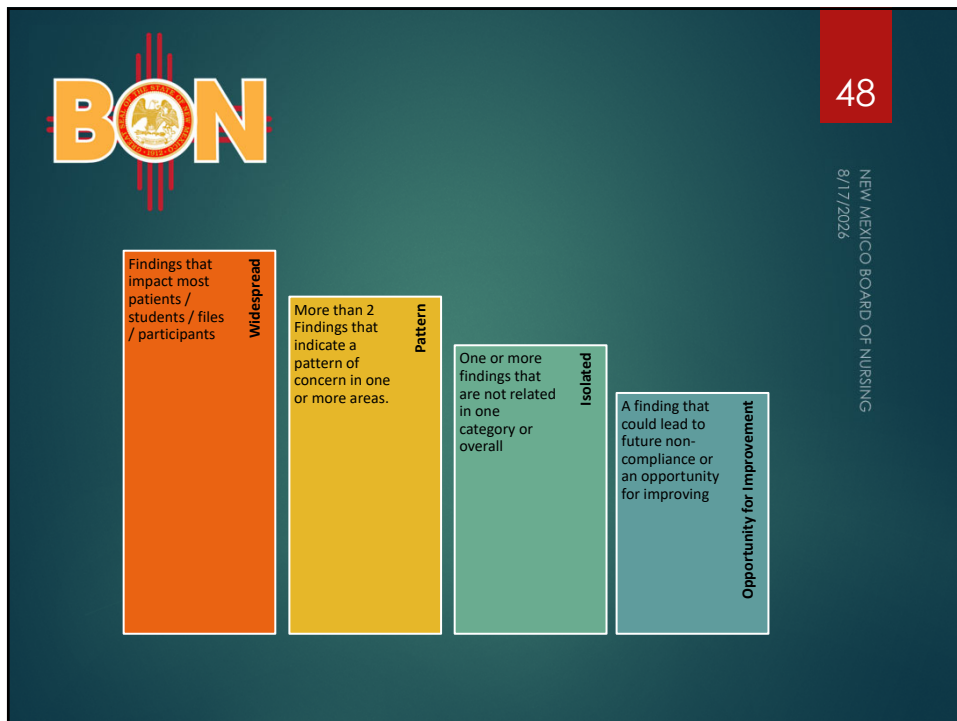
NEW RUBRIC

47

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	HIGH	MODERATE	LOW
WIDESPREAD	Noncompliant Probationary approval for 6 months w/consideration for withdrawal	Needs Development Probationary approval for 1 year w/CAP	Needs Development Full approval with warning for 1 year w/CAP
PATTERN	Noncompliant Probationary approval for 1 year	Needs Development Full approval with warning for 1 year	Compliant Full approval for 2 with annual report in 1 year
ISOLATED	Noncompliant Full approval with warning for 1 year	Needs Development Full approval for 2 years with virtual review in 1 year	Compliant Full approval for 2 years with OFIs
Recommended Actions	Require Corrective Action Plan within 60 days, and Quarterly CAP progress reports	Consider CAP in 60 days with/without quarterly reports if ongoing concerns	Routine Quarterly Quality assurance reports and annual Report
Opportunities for Improvement (OFI)	EVALUATE & CORRECT PRIOR TO NEXT SITE VISIT		

47



48

49

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Board Report Updates

49



Clarifying Components of a CAP

50

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8/17/2026



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graph TD
    A[Clearly define problem] --> B[Determine Cause (RCA)]
    B --> C[Action Plan / SMART goals]
    C --> D[Implementation]
    D --> E[Monitoring]
    E --> F[Continuous Improvement]
    F --> A
  
```

50



New Corrective Action Template

51

NEW
8/17/2026

CORRECTIVE ACTION PLAN
New Mexico Board of Nursing

Agency Name:	Date:
Program: (Circle) CMA I CMA II Both	Approval Period:
Type of program: (Circle) training Facility Program at Facility	Approval Status:
Both	

Clear description of the Problem	Root Cause (why did it happen?)	Immediate Correction (What did you do right away?)	System Correction (How will you prevent this from reoccurring?)	Monitoring (Who is responsible, how often will they be monitoring?)	Timeframe for compliance (When will this be implemented?)
Example: CPR Cards Expired	New Educator, missing documents	Called CMA, they were able to produce updated BLS card	Will audit monthly	Nurse Educator, report to Director of Nursing	Starting May 1, 2026 Ongoing
Example: New Nurse Educator	Didn't understand program requirements	Reviewed 16.12.5 Rules	Nurse Educator signed up for Orientation on May 12, 2026	Will provide board approval letter to Director of Nursing, place in binder	Within 60 days

51



52



QUARTERLY REPORTS

NOW AN EXTENSION OF CAP

53

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8/17/2026

Clear description of the Problem	Root Cause (why did it happen?)	Immediate Correction (What did you do right away?)	System Correction (How will you prevent this from reoccurring?)	Monitoring (Who is responsible, how often will they be monitoring?)	Timeframe for compliance (When will this be implemented?)
<i>Example: CPR Cards Expired</i>	<i>New Educator, missing documents</i>	<i>Called CMA, they were able to produce updated BLS card</i>	<i>Will audit monthly</i>	<i>Nurse Educator, report to Director of Nursing</i>	<i>Starting May 1, 2026 Ongoing</i>
[ENTER QUARTER]: Quarterly Progress Update					
[ENTER QUARTER]: Quarterly Progress Update					
[ENTER QUARTER]: Quarterly Progress Update					
[ENTER QUARTER]: Quarterly Progress Update					

53



Quality Assurance Reports

DUE QUARTERLY FOR ALL PROGRAMS

54

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8/17/2026

54

55

QAR Form

- NEW FORM
- Combined CMAI and CMAII forms

New Mexico Board of Nursing
MEDICATION AIDE I & II PROGRAMS

QUALITY ASSURANCE PROGRESS (QAR) REPORT
Paragraph (2) of Subsection D of 16.12.5.10 NMAC

Facility Name: _____

Check box if facility is ☐ Education-only ☐ Facility-based ☐ Collaborative

Reporting period (check one)

☐ 1st Quarter (Jan, Feb, Mar) Due April 10th
☐ 2nd Quarter (Apr, May, Jun) Due July 10th

☐ 3rd Quarter (Jul, Aug, Sept) Due October 10th
☐ 4th Quarter (Oct, Nov, Dec) Due January 10th

1. Number of CMA II working in the facility: _____
2. Number of CMA I's working in the facility: _____
3. Enter the number of CMA medication errors and incident reports during the reporting period.

None _____

Wrong patient _____

Wrong time _____

Documentation _____

Wrong route _____

Wrong dose _____

Omission _____

Wrong medication _____

Unauthorized drug (drug administered without physician's order) _____

Failure to follow manufacturer's specifications or accepted professional standards _____

Other: _____

*If error is reported, answer questions a-d.

- a) Of the CMA's involved in a medication error, have they had repeated errors? ☐ Yes ☐ No
- b) Were any of the medication errors significant? ☐ Yes ☐ No
"Significant medication error" means one which causes the resident discomfort or jeopardizes his or her health and safety.
- c) Was the CMA given education to the CMA(s) regarding the error(s)? ☐ Yes ☐ No
 a. Please attach evidence of education.

Q1	Q2	Q3	Q4
April 10 th	July 10 th	October 10 th	January 10 th

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55

QAR Form

56

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8/17/2026

***If error is reported, answer questions a-d.**

- a) Of the CMA's involved in a medication error, have they had repeated errors? ☐ Yes ☐ No
- b) Were any of the medication errors significant? ☐ Yes ☐ No
"Significant medication error" means one which causes the resident discomfort or jeopardizes his or her health and safety.
- c) Was the CMA given education to the CMA(s) regarding the error(s)? ☐ Yes ☐ No
 a. Please attach evidence of education.

4. During the reporting quarter, Calculate percentage of CMA Medication Error Rate.
"Medication Error Rate" = Number of Errors Observed divided by the estimated average medications passed by the CMA within the review period X 100.

Number of errors	Average number of routine medications given in the quarter	Percentage (Multiply by 100)	Medication Error Rate

5. Have there been any significant events that have impacted or may impact the CMA program? ☐ Yes ☐ No
(Change in ownership, administrator, director of nursing, nurse educator, NMHCA or CMS changes in status)
 If yes, describe: _____

Nurse Educator Name (please print): _____
 Nurse Educator Signature: _____ Date: _____

56



Continuing Education

57

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8/17/2026

- ▶ Board Recommended Continuing Education Topics available on the website
 - ▶ Only topics related to medications and medication administration.
 - ▶ Reminder: 16 clock hours within 2 years, or 8 per year
- ▶ Clarified CE topics cannot be duplicated within same renewal cycle. **New*
- ▶ CMA-Rs must have 2 of the 16 be in insulin or insulin injections.
- ▶ CMA-Os will maintain their MA national certification which requires 10-12 CEs a year.

57

58

New CE Tracking Form

- ▶ Cumulative Document
- ▶ Copy in the Binder with certificates behind
- ▶ Floating or agency CMAs can use between buildings to prevent duplication over sites
- ▶ Can be submitted for certification renewal

 New Mexico Board of Nursing Certified Medication Aide Renewal Continuing Education Acknowledgement						
CMA Name: _____						
	Subject	Facility	CE Hours	CMA Initials	SE Initials	Date
1						
2						
3						
4						

NEW MEXICO BOARD OF NURSING

8/17/2026

58



16.12.5.16 NMAC Notification of changes

59

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8/17/2026

1. Program changes requiring **notification** to the board:
 1. Changes in agency ownership
 2. Changes in agency Administrator
 3. Changes in Director of Nursing
2. Program changes requiring notification to board **for approval**:
 1. Major curriculum changes or reorganization of the curriculum
 2. Change in program's objectives or goals
 3. Changes in required didactic or clinical hours
 4. Changes in internal, administrative, or organizational plan of the agency that impacts the program
 5. Changes in the licensure status of the agency;
 6. Change in nurse educator

[NM BON WEBSITE for changes](#)

59



Reminders on training

60

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8/17/2026

Faculty:

- Nurse Educator - Responsible for instruction and evaluation of student performance, termination, grading and progression
- Clinical preceptor or nurse educator must be physically present in the agency while students are engaged in clinical experience
- The ratio of faculty to students during supervised clinical experience shall not be more than one faculty to two students
- Appropriate faculty for classroom instruction: other healthcare providers such as physicians, nurse practitioners, and pharmacist

60



Documents for review on New Mexico Board of Nursing | Official Website

61

NEW MEXICO BOARD OF NURSING
8/17/2026

- ✓ CMA Program Policy Template
- ✓ CMA Program Binder guide
- ✓ Program Readiness checklist
- ✓ CMA Rights and Responsibilities
- ✓ CAP & Quarterly updates
- ✓ CE Topics
- ✓ CE Tracking Form
- ✓ Links for notifications
- ✓ NE Approval request
- ✓ Program Applications

61



Resources for Nurse Educators

62

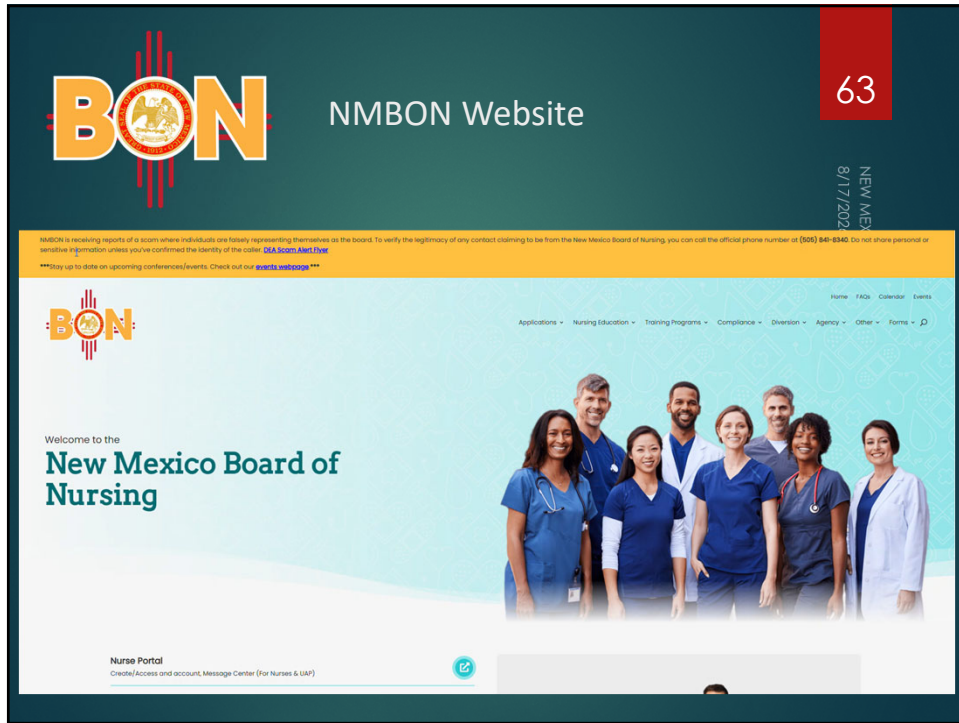
NEW MEXICO BOARD OF NURSING
8/17/2026

Medication aide program page
<https://www.bon.nm.gov/cmap/>

- Initial program application information and online form
- Renewal program application information and online form
- Online notification for change of nurse educator or administrator
- Nurse educator orientation registration
- Attestation forms
- Quality Assurance Progress Reports
- Program templates

Tip: Bookmark the medication aide program page for quick access.

62



BON NMBON Website

63

NEW MEX
8/17/2026

NMBON is receiving reports of a scam where individuals are falsely representing themselves as the board. To verify the legitimacy of any contact claiming to be from the New Mexico Board of Nursing, you can call the official phone number at (505) 840-8340. Do not share personal or sensitive information unless you've confirmed the identity of the caller. [DEA Scam Alert Here](#)

Stay up to date on upcoming conferences/events. Check out our [events webpage](#)

BON

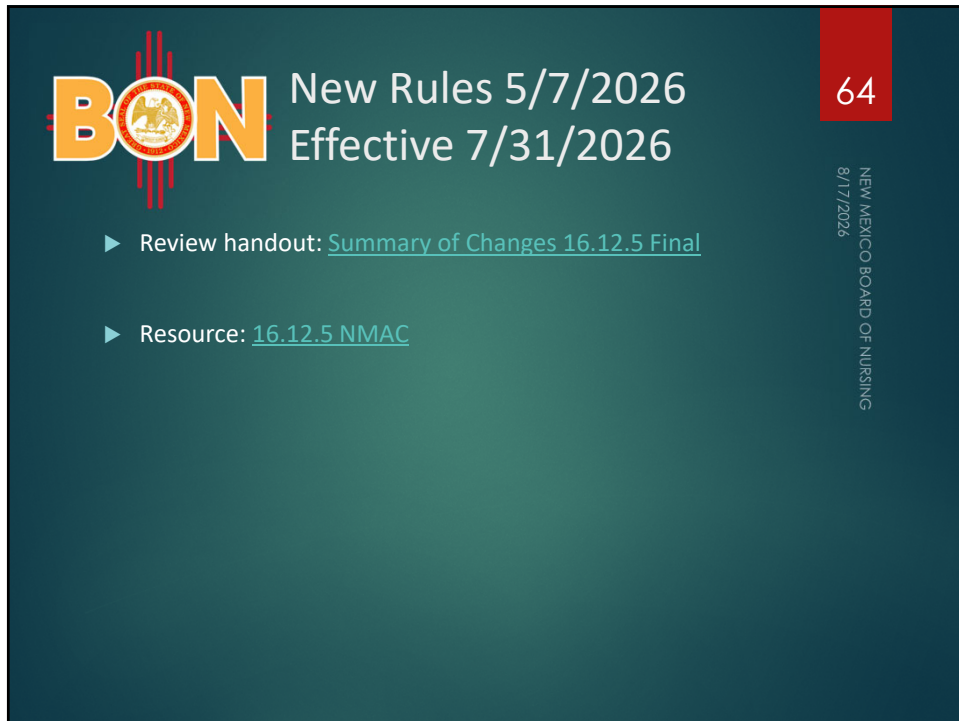
Home | About | Calendar | Events

Applications | Nursing Education | Training Programs | Compliance | Diversion | Agency | Other | Forms |

Welcome to the
New Mexico Board of Nursing

Nurse Portal
Create/Access and account, Message Center (For Nurses & UAP)

63



BON New Rules 5/7/2026
Effective 7/31/2026

64

NEW MEXICO BOARD OF NURSING
8/17/2026

- ▶ Review handout: [Summary of Changes 16.12.5 Final](#)
- ▶ Resource: [16.12.5 NMAC](#)

64