Dear Certified Medicine Aide Student,

We are pleased to welcome you to our Certified Medicine Aide (CMA) course at Hagerstown Community College. In order to have a successful experience you will need to meet the requirements of the Maryland Board of Nursing. Please take time to read carefully the enclosed packet and complete the required documentation. **You must complete and return this documentation to HCC before your first class.** 

To be enrolled in the CMA course you must:

- ➤ Register for math and reading placement testing by calling the placement testing center at 240-500-2398. If you are currently a student who has recently-within the last two years-taken the placement exam, please share proof of testing.
- > Submit evidence of a current CNA/GNA certificate from the MDBON
- ➤ Produce signed documentation of having worked a minimum of one year (2000 hours) or its equivalent within the past 3 years in a skilled care or intermediate care unit in the State of Maryland.
- > Submit a letter of recommendation from your Director of Nursing
- > Provide the following completed health form documentation
  - 1. Tuberculosis- skin test or chest x-ray
  - 2. Hepatitis B series completion or signed waiver
  - 3. 10 Panel Drug Screen (can be obtained at Health at Work)
  - 4. Medical Expense Waiver
- ➤ Sign the Essential Functions or Abilities form
- Visit the book store and pick up your textbook, "Administering Medications."
- While at the book store, stop by the student service center to be photographed for you HCC Student ID. You must have this ID to wear when you go to clinicals.

Please mail the completed packet of information before the start of the first day of class to:

Jan McLaughlin Office Associate Career Programs Building 11400 Robinwood Drive Hagerstown, MD 21742

Career Programs Building Room 110

Best wishes for a successful educational experience. Brenda Burk, RN,BSN Program Coordinator CNA /GNA/CMA Program

#### **Information for Medicine Aide Candidate**

This is the information packet for Hagerstown Community College's upcoming medicine aide course. These packets are to be distribution **ONLY** to those Geriatric Nursing Assistants (GNAs) who the Director of Nursing recommends to become a medicine aide. The Maryland Board of Nursing intends that only those GNAs who are personally selected by their Director of Nursing be recommended for the medicine aide course. A recommendation letter from the Director of Nursing is required. Please assure the eligibility of candidates (current GNA status and verification of minimum hours **1 year worked within the past 3 years**) prior to registering them for the class.

Each student **must** submit a copy of their current GNA certification and the signed documentation of having worked a minimum of **2000 hours** (**1 year**) within the past 3 years for a skilled care or intermediate care unit in Maryland. Please assist your employees in completing the required forms. Some applicants may need to contact their previous employers to document their 2000 hours of experience. **This documentation is mandatory**. In order to verify that each student is eligible to take the medicine aide course, we must receive all the needed information before the student begins class.

Successful completion of this course requires a final grade average of 80% on all tests and quizzes and regular attendance.

In addition, students must register to take the reading and math placement testing that is administered through the College testing center. You can register by calling 301-790-2800, extension 305.

If you have any questions, please call Dtgpf c'Dwtm'TP.'DUP 'Program Coordinator at 240-500-2218 If no one answers when you call, please leave a voice mail so that your call can be returned.

#### REGISTRATION PROCEDURES FOR MEDICINE AIDE TRAINING FOR GERIATRIC NURSING ASSISTANTS

Hagerstown Community College is offering a Medicine Aide course to Geriatric Nursing Assistants selected by their Director of Nursing who wish to become Certified Medicine Aides. This course is designed to teach GNAs the essentials needed to administer medications in a long-term care facility setting. Students will examine drug standards, their sources and purposes, and dosage forms. In addition, they will learn drug measurement, preparation, and how to read and follow a medication order. They will also learn to administer PRN medications and how to recognize and report adverse side effects and drug interactions. Students must achieve a minimum score of 80% in Theory and pass the clinical skills to successfully complete the course.

#### MEDICINE AIDE QUALIFICATIONS

#### Participants in the Medicine Aide course must:

- Be recommended for the course by the Director of Nursing at your place of employment.
- Be currently employed as a geriatric nursing assistant, by a Maryland Long Term Care Facility or a Developmental Disabled facility as defined by the Maryland State Department of Health and Mental Hygiene.
- Have at least 2000 hours (1 year) experience as a geriatric nursing assistant in a Maryland nursing home within the last three years.
- Submit written evidence of current and past (if applicable) employment status from the director of nursing, administrator, or director of personnel.
- Complete and submit the required health forms before the first day of clinicals
- Register for math and reading placement testing by calling the Placement testing center at 240-500-2305
- Sign and submit the Essential Functions or Abilities form

#### **REGISTRATION PROCESS**

- 1. Submit a completed "Medicine Aide Training" application prior to the first day of class.
- 2. Attach payment or company billing authorization (see registration information for more details).

### APPLICATION FOR ENTRY INTO MEDICINE AIDE TRAINING

This information is required by the Maryland State Department of Licensing and Regulation.

To be completed by the Employee's Administrator or Director of Nursing Prior to registering for class.

APPLICANT'S NAME:							
	CURRENT EM	PLOYMENT	STATUS				
Current Employer		_ Immediate Superv	visor				
Employer's Address							
Employer's Address	(Street)	(City)	(State) (Z	Zip)			
Employer's Telephone# (	)	Your Job Title					
Date Hired	Current Status _	Full-Time	Part-Time				
your present employer, plea  I hereby certify that the abo Geriatric Nursing Assistant	se list previous employ  ove information is true	ment below.)  and correct and the dicine Aide course.	a have not met the requirement that I recommend the above reports				
Signature of Adm	inistrator/Director of	Nursing	Date				
	<u>PREVIOU</u>	<u>S EMPLOYM</u>	<u>'ENT</u>				
If you have not met the 200	00-hour requirement in	ı your current posit	tion you <u>must</u> :				
List the <u>Maryland</u> nursing homes and the number of hours you worked there as a geriatric nursing assistant. You must have worked a minimum of 2000 hours (1 year full-time) in a <u>Maryland Nursing Home within the last 3 years</u> to qualify for the medicine aide course.							
EMPLOYER	EMPLOYM	ENT DATES	SUPERVISOR	HOURS			
			OTAL HOURS WORKED				
	best of my knowledge t		e information is true and con	rrect.			



Hagerstown Community College 11400 Robinwood Drive Hagerstown, MD 21742-6590

Web Site: www.hagerstowncc.edu

# **Clinical Information**

# Hagerstown Community College **Health Training Programs**

#### **Certified Medicine Aide Student Information**

Health care workers are at considerable risk of being exposed to infectious diseases. One of those diseases, Hepatitis B, does have a vaccination available, similar to the childhood vaccination for polio, smallpox, diphtheria and pertussis.

In order for our students to protect themselves, we <u>advise</u> receiving the hepatitis vaccination. Please discuss your risk and this important preventive measure with your medical doctor and proceed as you decide.

In addition, please forward to your Hagerstown Community College instructor, the enclosed form <u>signed by you</u> in any spaces that are appropriate to your particular case. These forms (**Agreement/Waiver for Hepatitis Vaccination, Medical Expense Waiver, and the Health Form**) <u>must</u> be returned to the Health Professions Assistant prior to the first day of class. <u>We cannot allow any student to begin working in the clinical area without having these forms completed correctly.</u>

Your prompt attention to these details will facilitate the completion of your entrance requirements for health training programs. We encourage your good health and a wonderful learning experience.

#### HAGERSTOWN COMMUNITY COLLEGE

11400 Robinwood Drive Hagerstown, MD 21742-6590 240-500-2800

#### Nursing Division Health Form

This report is confidential. It must be mailed to the Division of Health Sciences. Students are responsible for the accuracy of this information. Omitted or inaccurate information will be considered a violation of the HCC Honor Code and can result in a student's dismissal from the program.

Name				Age
Address				
Date of Examination:				
The applicant has been examined and f Yes No	ound to l	be in good	general h	ealth.
The applicant is fit to participate in clir Yes No	nical activ	vities of a s	student in	an allied health care program.
To the best of my knowledge, the appli	cant is n	ot presently	y harborir	ng any infectious diseases.
Allergies (please list)				
Chronic conditions (please list)				
THE FOLLOWING IMMUNIZATI	ONS AR	E REQUI	RED (PI	LEASE INDICATE DATES) """"""""""""""""""""""""""""""""""""
PPD (indicate date of test and """""""""""""""""""""""""""""""""""	""3uv!"""""		"""""4pf	
Hepatitis B (series of 3-indicate all dates or attach signed waiver			***************************************	"""""Hnw'Xceelpg'lp''Ugcuqp''⊲aaaaaaaaaaaaaaaa"
10 Panel Drug Screen via urine	Date	Results	Initial	
I certify that I am a primary health care above applicant and find that the applic from the successful performance of clin	ant is ne	ither menta	ally nor pl	practice in the State of I have examined the hysically disqualified by reason of any chronic or acute condition a sciences students.
				Date
Address Health Care Provider's				
Name Printed or Stamp:				



Today's Date

## Hagerstown Community College Health Training Programs

# Agreement/Waiver for Hepatitis Vaccination I, \_\_\_\_\_\_, have spoken with my physician, \_\_\_\_\_, and I have decided, with his/her recommendation, to proceed with a hepatitis vaccination. I understand that this includes three separate inoculations and follow-up blood testing for positive antibodies. I, \_\_\_\_\_\_, have spoken with my physician, \_\_\_\_\_\_, and have decided with his/her recommendation to waive inoculation of the hepatitis vaccination. I have already received this inoculation and have completed the series as of (Date). I, \_\_\_\_\_\_\_, release Hagerstown Community College of any future complications that may result from the hepatitis vaccination.

Faculty Signature



Hagerstown Community College 11400 Robinwood Drive Hagerstown, MD 21742-6590 240-500-2800• Voice TDD

Web Site: www.hagerstowncc.edu

#### **Hagerstown Community College**

**Health Training Programs** 

# Medical Expense Waiver

Students entering health programs need to be aware that the clinical nature of the training may expose them to infectious diseases or processes and their inherent risks.

Therefore, students enrolled in training programs that involve clinical/practicum experiences are expected to have their own personal health insurance.

Hagerstown Community College and the clinical agency are not responsible for medical expenses related to injury incurred during training programs.

I, the undersigned, understand the above and agree to be responsible for any medical expenses incurred during training at Hagerstown Community College or at clinical/practicum sites.

 Signature	
 Program	
 Date	,

Please make a copy of this form for your files and submit a copy to your instructor. DMD'423: "

#### Hagerstown Community College NURSING DIVISION ESSENTIAL FUNCTIONS OR ABILITIES

In an effort to assist all individuals in making career decisions, the Health Sciences faculty has prepared the following standards and skill requirements which students are expected to possess and demonstrate.

Reasonable accommodations for students with disability-related needs will be determined on an individual basis taking into consideration the standards and essential skills which must be performed to meet the program objectives. Decisions regarding reasonable accommodations will be directed toward maximizing the student's independence while maintaining personal and client dignity and safety.

#### Essential Abilities and/or Functions

- 1. Fine motor skills sufficient to perform skills such as picking up, grasping, manipulating small objects with hands, and writing with pen or pencil.
- 2. Physical mobility and strength sufficient to move about in the professional environment and participate in client care.
- 3. Physical stamina sufficient to perform client care for entire length of clinical experience (6-12 hours).
- 4. Auditory ability sufficient for assessment of client health.
- 5. Visual acuity sufficient to distinguish color and see objects up to 20 inches away.
- 6. Reading ability sufficient to understand the written word at a minimum of a tenth grade level.
- 7. Arithmetic competence that would allow the student to read and understand columns and/or writing, tell time, use measuring tools, and add, subtract, multiply, and divide.
- 8. Emotional stability sufficient to assume responsibility/accountability for actions, provide client with emotional support, adapt to environmental stress, and monitor own emotions.
- 9. Analytical thinking sufficient to transfer knowledge from one situation to another, problem solve, prioritize tasks, and use long term and short term memory.
- 10. Critical thinking ability sufficient to exercise sound Health Sciences judgment through the sequencing of information and the identification of cause and effect relationships.
- 11. Interpersonal skills sufficient to establish rapport with clients and co- workers, and respect the rights of others and the differences in clients.
- 12. Communication skills sufficient to teach others, explain procedures, interact with others, and convey information in writing.

NOTE: The health care environment contains substantial amounts of latex. Applicants with latex allergies place themselves at risk of reaction. The Health Sciences Division does not recommend that individuals with a latex allergy pursue a career in health care.

I have read and understand the Essential Abilities and Functions for Hagerstown Community College Health Sciences Division.
Applicant Signature
Date

Adapted from Frederick Community College Nursing Program.