NURA 1013
Medication Administration I
Checklist

To assure that all of your forms are turned into the Continuing Education office, utilize this checklist. **Do not send in incomplete packets.** If incomplete packets are sent to our office, we will mail them back to you for completion and you will not be registered into the course until we have received a complete packet from you.

Name: ___________________________________
Course Start Date: _________________________

____ This checklist
____ AV Enrollment form
____ Diploma/GED attached to a notarized Affidavit to any Fact form
____ Medication Aide Clinical Information form
____ Course fee (text books are purchased separately at the bookstore)
____ Copy of Certified Nurse Aide Card

Upon completing all required forms, you may send them along with the required course fee payable to:

Coastal Bend College
Continuing Education
See Campus Address on enclosed forms.
Medication Administration I

The Medication Administration I course will be held at Coastal Bend College. Those who satisfactorily complete the course will receive 14.0 CEU’s and a certificate of completion from Coastal Bend College. Those who complete the course must pass the Texas Department of Human Services exam with a 70% or higher to become state certified.

The class requires that 140 hours in the following sequence: 100 hours of classroom instruction and training, 20 hours of return skill demonstration laboratory, 10 clinical experience including clinical observation and skill demonstration under the supervision of a licensed nurse in a facility and 10 more hours in the return skill demonstration laboratory.

PERSONS WISHING TO TAKE THE CLASS MUST MEET THE FOLLOWING CRITERIA:

1. Before the class start date, all applicants must be high school graduates or have a general equivalency diploma (GED). Applicants who attended school out of country need to have their documentation evaluated as being equivalent to high school graduation here. Applicants must furnish an official notarized copy of their high school diploma or GED.

2. Applicants must be employed as Certified Nurse Aides listed on the Texas Nurse Aide Registry in active status (to check to see if you are on the Nurse Aide Registry call 1-800-452-3934) and currently employed in a facility (see 2a for a definition of “facility”) licensed under Texas Health and Safety Code Chapter 242 on the class start date OR be employed on class start date as non-licensed direct care staff (see 2b for a definition of a “non-licensed direct care staff person”) in a facility licensed under Chapter 247 or an ICF-MR facility, State School for the Mentally Retarded or for the Texas Department of Criminal Justice AND have 90 days previous employment in the year preceding class start date. This does not include home health agencies, hospitals, skilled nursing facilities (SNF) in hospitals or staffing agencies. (An applicant employed as a certified nurse aide in a Medicare – skilled nursing facility or Medicaid nursing facility is exempt from the 90-day requirement.)

a. Facility – An institution licensed under the Health and Safety Code, Chapter 242; a state school as defined in the Texas Civil Statutes, Article 5544-201, §1.02(16); a correctional institution as established under the jurisdiction of the Texas Department of Criminal Justice; a mental health and mental retardation program that is operated under the jurisdiction of the Texas Department of Mental Health and Mental Retardation (TDMHMR) and that meets the criteria in §95.103(b) of this title (relating to Requirements for Administering Medications); and a personal care facility licensed under the Health and Safety Code, Chapter 247, that meets the criteria in §95.103(b) of this title (relating to Requirements for Administration Medication).
b. Non-licensed direct care staff – Employees of facilities other than Medicare-skilled nursing facilities or Medicaid nursing facilities who are primarily involved in the delivery of services to assist with residents’ activities of daily living and/or active treatment programs.

For clarification on requirement #2, please call 512-231-5827.

3. Be able to read, write, speak, and understand English.
4. Be at least 18 years of age.
5. Must be free of contagious disease.
6. Students should also have a white uniform, stethoscope, and a watch with a second hand.

TO REGISTER FOR THE MEDICATION ADMINISTRATION I COURSE YOU MUST:

1. Beeville: 361-354-2633
   Alice: 361-664-2981, x 3039
   Kingsville: 361-592-1615, x 4040
   Pleasanton: 830-569-4222, x 1232 or 1201
   Or
   E-Mail In
   E-Mail your course selection and start date, name, address, and daytime phone number to perezm@coastalbend.edu
   Or
   Walk In:
   Bring your course information and registration fee to the CE office in Beeville at 3800 Charco Rd., Dirks Student Services Bldg, Room V-105, Beeville TX 78102, or the main office in Alice, Kingsville, or Pleasanton.

2. The Continuing Education office will mail you the following registration forms:
   • Checklist
   • AV Enrollment Form
   • Affidavit to any Fact Form (this form to be given to notary so he/she may attach to a copy of your Diploma/GED)
   • Medication Aide Clinical Information Form

3. Upon completing ALL forms, mail them with the required course fee to Coastal Bend College, Continuing Education, 3800 Charco Road, Beeville, TX, 78102
   Alice Campus Continuing Education 704 Coyote Trail, Alice, TX 78332,
   Kingsville Campus Continuing Education 1814 S. Brahma Blvd. Kingsville, TX 78363
   Pleasanton Campus Continuing Education 1411 Bensdale Road, Pleasanton, TX 78064

Register early to make sure that you have a place in the class. Course registration is on a first-come, first-served basis. To avoid cancellations, have payment and enrollment forms completed and in the CE office at least five days before the course start date. Payment is accepted by check, money order, cash, Visa or MasterCard. Classes that do not meet the minimum number of students will be cancelled.

Students who have registered and paid are responsible for confirming course start date and times 24 hours in advance of start date.

Coastal Bend College does not discriminate on the basis of race, creed, national origin, gender, age, or disability.
Medication Aide Clinical Information Form

In order to do your clinicals, we must confirm that you are employed in a long-term care facility. On the first class day, your instructor will provide you with the Texas Department of Health forms that must be completed, signed by you and your employer before a notary public, and returned within two weeks of the start date.

We are asking that you take this form, **Medication Aide Clinical Information Form**, to your employer and have them complete it. If your employer or the corporation that owns the long-term care facility, will not allow you to do your 10 hours of clinicals at your place of employment during your working hours and they will not allow you to be covered by their liability insurance during the time that you are doing your clinicals for the Medication Aide class, you will need to do your clinicals on your own time and Coastal Bend College must charge you an additional amount for liability insurance to cover yourself and the college. Please return the Medication Aide Clinical Information Form with your Adult Vocation Enrollment Form. If you or your employer has questions about this, please contact Mary Perez at (361) 354-2633 or by email at perezm@coastalbend.edu.

| Name: ____________________________ | Daytime Phone Number: __________________ |
| Address: __________________________ | Course Start Date: ____________________ |
| Street | City | State | Zip |
| Place of employment: __________________ | First date of employment: ________________ |
| Address of employer: __________________ | Administrator: ________________________ |
| Street | City | State | Zip |
| Daytime Phone Number: __________________ | Fax Number: ____________________________ |

Please check all those that apply:

- [ ] I certify that the above name student for the Medication Aide course is employed by the facility named above.
- [ ] The named student will be allowed to perform ten hours of clinicals for this medication aide course while she is working as a Certified Nursing Assistant in this facility.
- [ ] The named student will NOT be allowed to perform ten hours of clinicals for this medication aide course while she is working as a Certified Nursing Assistant in this facility and must arrange to perform the clinicals outside his/her regular working hours.
- [ ] The named student will be covered by the liability insurance used by the facility while s/he is performing ten hours of clinical for this medication aide course.
- [ ] The named student will NOT be covered by the liability insurance used by the facility while s/he is performing ten hours of clinical for this medication aide course.
- [ ] The named student who is NOT covered by the liability insurance used by the facility while s/he is performing ten hours of clinical for this medication aide course must purchase his/her own liability insurance for these ten hours. (Liability insurance is available through the college for $14.50).

Please print or type the name of the Administrator

______________________________

Signature of the Administrator ____________________ Date ________________

Form CE 12/18/2012
AFFADAVIT TO ANY FACT:
THE STATE OF TEXAS §
COUNTY OF __________ §

BEFORE ME, a Notary Public in ________________County, Texas on this day personally appeared
__________________________ (Name of Applicant), known to me to be the person whose name is subscribed to the
Foregoing instrument, and having been by me first duly sworn on oath, acknowledge that the foregoing statements are
ture and correct:

I did see the original high school diploma or GED record and have attached a copy.

GIVEN under my hand and seal of office, this ______day of ________________, 20__.

Notary Public in and for ________________ County, Texas or _________________.

_______________________________ Signature of Notary

_______________________________ Name of Notary printed

_______________________________ Commission Expiration Date

Seal of Notary above.