### **Certified Medication Aide Registration Form**

| Class Date:                      |
|----------------------------------|
| Name:                            |
| SSN:                             |
| Address:                         |
| City:                            |
|                                  |
|                                  |
| Phone:                           |
| Email:                           |
| Date of Birth:                   |
| PAYMENT                          |
| Cashiers check Debit/Credit Card |
| Cardholder Name:                 |
| Cardholder Phone:                |
| Cardholder Billing Address:      |
|                                  |
| Cardholder Email:                |
|                                  |
| Card #:                          |
| Exp. Date: V-code:               |
| Authorized Signature:            |

### Fax or bring this registration form with payment to:

Iowa Western Community College Continuing Education, Looft Hall 2700 College Road, Council Bluffs, IA 51503 Fax (712) 325-3721

## To Register

Note: Please attach an Agency Agreement with all Registrations.

#### Online:

Go to **iwcc.augusoft.net** and search "Certified Medication Aide"

### Visit us:

Iowa Western Community College Continuing Education, Looft Hall 2700 College Road Council Bluffs, IA 51503

Email: ce@iwcc.edu

Call: (712) 325-3255

## **Registration Fees**

Pre-registration is required. Payment for Continuing Education classes is required at time of registration.

### **Refunds**

 No refund for less than 1 business day withdrawal, transfer or "no show."

### **Questions?**

(712) 325-3255 ce@iwcc.edu

# Certified Medication Aide



# Pick the session that works for you!

FREE Education 2 Employment tuition assistance available for eligible Iowa residents!

edu2employ.com



## **About the Program**

This 60 hour course prepares nurse aides and residential attendants to administer nonparenteral medications in Long Term Care facilities. This course is approved by the Iowa Department of Inspections and Appeals and Nebraska Health and Human Services regulations governing medication aides. Nebraska requires the participant pass the Nebraska State Exam after completing this course.

### Requirements

- All students must take the "Prepare to Care" 6-hour lecture on the first day of class. An exam given that day must be passed with an 80% or better in order to advance to the Medication Aide portion of the class.
- Students must have an 80% or better on the final exam, administered after completion of class and clinical, to pass the Medication Aide Course and receive a certificate.
- All course projects and reports must be completed. Students must complete at least 10 hours of clinical in the long term care facility to successfully complete the course requirements and receive a certificate.
- The clinical must be taught by a Registered Nurse in the sponsoring facility. The skills checklist must be returned by mail or in person to IWCC prior to taking the State Exam. (must be within 6 weeks of class)

# Please attach the Agency Agreement noted on the webpage!

This Agreement is acceptable for registration vs a typed and signed letter from a DON.



### **Tuition Assistance**

**FREE Education 2 Employment** tuition assistance is available for eligible Iowa residents.

### For more information contact:

Amanda Oloff aoloff@iwcc.edu (712) 256-7081

www.edu2employ.com

### **Career Outlook**

All healthcare workers are in demand more than ever. This includes CMAs. The median hourly earnings are \$15-\$18.31 hr -EMSI SIGN ON BONUS common.

### **Program to Include**

- "Prepare to Care" Direct Patient Care Review, offered on Day 1 of class.
- Preparing and administering medications.
- Observing, reporting and documenting resident's status.
- Review of principles of safety.
- Demonstrating knowledge of measurement systems, body systems, and common diseases.

### **Prerequisites** (varies with employment)

Prerequisites must be submitted to Iowa Western before the class starts.

- A letter from the administrator or DON of the sponsoring facility verifying the following: 6 months of experience, \*DCW Registry, employee's attitude, interest & reliability
- Reading comprehension, writing ability and aptitude for math.
- Absence of history of drug or alcohol abuse.
- Competency in obtaining blood pressure and apical pulses.
- Copy of license of RN who will teach the 10 hours of clinical in the sponsoring facility.

<sup>\*</sup> not applicable if Residential or Intermediate Care.