Medication Aide Application/Registration Packet Spring 2019

Please read this entire packet very carefully and fill out all forms completely. Incomplete application packets will not be accepted.

Application Information:

1. Applications for the program must be complete and legible.

2. Incomplete and illegible applications will be returned to the sender.

3. Prior to completion and submission of the application for this program, applicants must take and at least achieve an 11th grade Math and Reading Assessment. This exam is free to take and can be completed during normal testing hours on a walk in basis at the Roosevelt or Vernal Campus. There is a waiting period of at least 24 hours for any repeat attempts. Please call the UBTech Student Success Center for more information Vernal Campus – 435-725-7103 or Roosevelt Campus – 435-722-6914.

4. To submit your application packet you may:
   a. Submit your completed application online at www.ubtech.edu
   b. Hand deliver your completed application to the UBTech’s Roosevelt Campus Nursing and Health Professions Office Monday through Friday from 8 am to 5 pm.
   c. Mail your completed application to the following address:
      ➢ Uintah Basin Technical College
      ➢ ATTN: Nursing and Health Professions
      ➢ 1100 E. Lagoon St.124-5
      ➢ Roosevelt, UT 84066

5. Submitting an application does not guarantee admission to the program.

6. The Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) provide comprehensive civil rights and protections for persons with disabilities. UBTech does not discriminate in the recruitment, admission, educational process, or treatment of students with disabilities. Students must voluntarily disclose that they have a disability, request accommodation, and provide documentation of their disability. For more information, contact UBTech at 435-722-6900.

7. This is a 100 clock hour program, including a 40-hour externship.

Signature: ___________________________ Date: ________________
Medication Aide Program Information

Program Description
This course is available to students after 2 years or 2,000 hours of experience. Under direction of a nurse, you will learn to safely administer routine medications to residents in a long-term care facility followed by careful monitoring and precise documentation. This is a great program to understand basic pharmacology, expand your CNA career, or a great step towards a nursing career.

Course Objectives
Students will gain the knowledge of the following:

- Describe the seven rights of medication administration and their application to safe medication administration
- Administer medications accurately, safely and document appropriately
- Demonstrate basic knowledge of purpose, actions and side effects of medications
- Demonstrate basic understanding of therapeutic communication
- Successfully complete the written and clinical examination approved by the Division of Occupational and Professional Licensing (DOPL) in collaboration with the Utah Board of Nursing

Student Attendance Policy
Due to the hands-on nature of the training received, attendance is very important in all UBTech programs. It is very important for students to attend class. Students are responsible to notify the instructor before upcoming absences or emergencies that may arise causing them to miss class.

Dress Code Policy
Medication Aide students are required to wear scrubs. A full set of scrubs are required. Students may not wear scrubs with any logos on them such as IHC or UofU etc. White, black, or grey closed toe shoes, in good repair, are to be worn at all times. No open toe shoes, flip-flops, or no sandals are allowed. For more information please refer to the Dress Code in UBTech's Catalogue and Student Handbook.

By Signing here, I agree that I have read and understand the information on this page.

Signature: _____________________________ Date: ________________
Date: ____________________

Full Legal Name: ________________________________________________

Place of Birth: __________________________ Date of Birth: __________________________
(city/county/state/country)

Home Phone: __________________________ Cell Phone: __________________________

Full Mailing Address: ________________________________________________

Email Address: ________________________________________________

**List High School, Colleges, and Universities you attended:**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City and State</th>
<th>Degree Earned</th>
<th>Dates Attended</th>
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**List any honors and/or special awards you received:**

________________________________________________________________
________________________________________________________________
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________________________________________________________________

**Work Experience beginning with most recent: If none, write ‘none’:**

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<tr>
<th>Position</th>
<th>Dates Employed</th>
<th>Company City/State</th>
<th>Supervisor Phone Number</th>
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Checklist of required documentation to be included in application packet:

Application submission does not guarantee acceptance.

☐ 11th Grade level Math and Reading Assessment (UBTech Student Success Center, M-F, 8 – 4 p.m.)

☐ Completed and signed Application for Admission form. The entire original application.

☐ Official verification of current certification in good standing as a Certified Nursing Assistant with the Utah Nursing Assistant Registry.

☐ A copy of your current BLS certification.

☐ A copy of your High School Diploma or successful passage of the general educational development (GED) test.

☐ Letter from the administrator(s) of a facility where you worked attesting to the number of hours practiced as a CNA while employed. The total hours of all letters must be at least 2,000 within the two years immediately preceding the application.

☐ Letter of recommendation from each of the following who have supervised your work as a CNA: A long term care facility administrator, and a licensed nurse.

*I understand that upon acceptance into the UBTech Medication Aide Program that all the items listed above are required before admittance into the program. If I fail to submit required documents or I fail to attend the first week of classes, I will be dropped from the program, but may reapply for another class. I further agree that I have read and understood all of the information on this page.

Signature: ________________________________ Date: __________________
Uintah Basin Technical College
Medication Aide Certified (MAC)

2000 Hours of Documented Work Experience as a CNA in the last 2 years

The Medication Aide Certificate (MA-C) Program at UBTech requires that the potential student in the program receives Health Care Agency Support by verifying they have 2000 hours of work experience as a Certified Nursing Assistant (CNA) in the last two years.

If you have worked at more than one facility for a total of 2000 hours, please have this form completed for each facility and the total number of hours specified for each.

Please have this form signed by the Human Resource Officer or Administrator at your place of employment.

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I acknowledge that the following student has met with me about the Medication Aide Certified (MAC) Program at UBTech and has 2,000 hours of work experience in the last two years.

Name of Employee:______________________________________________________________________

Name of Facility Where Employed:________________________________________________________

Name of Human Resource Officer or Administrator__________________________________________

Signature___________________________________ Date____________________________

Contact Information:______________________________________________________________________

Phone Number:__________________________________________________________________________

Email Address:___________________________________________________________________________

Address: _____________________________________________________________________________