



Thank you for your interest in the **Medication Aide Certificate Program** at College of the Mainland. Consideration for acceptance into the program is based on submitting your completed application.

What is a medication aide?

Certified nurse aides who have a strong grasp of basic patient care can further their education to become a certified medication aide. A medication aide's role includes but is not limited to:

- Providing routine daily medication to patients both oral and topical (such as cream and eye medications).
- Ensuring that the patient actually swallows the medication administered to them. (This is extremely important for dementia patients or uncooperative patients.)
- Reporting any changes in patient vitals, behavior or other adverse effects from medication.
- Fulfilling duties and responsibilities of the CNA role.

Preparing students to flourish in a demanding role, the COM Certified Medication Aide Program includes a combination of classroom and clinical instruction. Students explore every system of the body from cardiovascular to skin and learn about auto immune diseases and Alzheimer's. COM's instructors are registered and licensed registered nurses who teach from their experience. The COM program follows curriculum established by the Department of Aging and Disability Services and prepares students to pass the written state certificate exam.

Students can use the program as a stepping-stone to gain a promotion at their current place of employment or to further their education toward becoming a licensed vocational nurse.

Do I need a high school diploma or GED?

Yes, a high school diploma or GED is **required** to participate in the Medication Aide Certificate Program and may be required for financial aid application as well as employment at various nursing and medical facilities.

High school diplomas or GED's **must** meet Texas Health and Human Services criteria as part of the application process for the Medication Aide program; see below:

- Accepted: Certified copy or photocopy which has been **notarized** as a true copy of an unaltered original of a high school graduation diploma, high school transcript, or a GED diploma.
- Diplomas from internet based schools **will not** be accepted.
- Applicants who attend school outside of the country **must** have their documentation verified as being equivalent to high school graduation in the U.S.
 - One such academic evaluation service is SpanTran <https://www.spantran.com/>

How do I begin?

Interested students must apply to the Medication Aide Certificate Program by submitting, in person, all required application documents to the CE Allied Health Department located at 200 Parker Court, League City, TX 77573.

Please note: Incomplete applications are not accepted. Also, approval of an application does **not** guarantee a student a place in the class – it only gives the ability to register if space is available. Please call CE Allied Health at 409-933-8645 if you have questions.



Registration

Only applicants that have been approved for the program will be allowed to register. Registration with an approved form **must** be done in person through the CE Office located at the main Texas City campus, 1200 Amburn Rd. TVB-1475, Texas City, TX 77591. For more information please call 409-933-8586. Registration is on a first-come, first-served basis. Classes may be closed due to maximum enrollment or be cancelled without notice. Therefore, students are encouraged to register early.

Criminal Background Checks

Please be advised that as part of the state requirements for successful completion of the Medication Aide Program, **clinical rotations in a THHS (Texas Health and Human Service) approved facility are mandatory**. Because of this, we adhere to the guidelines set forth in the *Health and Safety Code; Title 4. Health Facilities; Subtitle B. Licensing of Health Facilities; Chapter 250. Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities, or Persons with Terminal Illnesses; Sec. 250.006. Convictions Barring Employment* (www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm) Chapter 250, Health and Safety Code, requires that persons convicted of certain crimes may not be employed in direct contact with an individual in specified facilities and agencies providing care to the aged and disabled.

Criminal history checks are required for providers listed below:

- Nursing home, custodial care home, or other institution licensed by the Texas Health and Human Services (THHS) under Chapter 242, Health and Safety Code.
- Assisted living facility licensed by THHS under Chapter 247, Health and Safety Code.
- Adult day care facility or adult day health care facility licensed by THHS under Chapter 103, Human Resources Code.
- Facility for persons with intellectual disabilities licensed or certified by THHS, or licensed by THHS under Chapter 252, Health and Safety Code.
- Intermediate care facilities serving individuals with an intellectual disability or related conditions (ICF/IID) that is certified by THHS to participate in the Medicaid program under Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.).
- Adult foster care providers that contract with THHS.
- Home and community support services agencies licensed by THHS under Chapter 142, Health and Safety Code.

As part of your training, you will be performing hands on patient care, therefore applicant criminal history reports are held to the criteria set forth in this State Health and Safety Code.



Notice to Students Regarding Licensing

Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. The following website provides links to information about the licensing process and requirements: <https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation>

Should you wish to request a review of the impact of criminal history on your potential licensure prior to or during your quest for a degree, you can visit this link and request a "Criminal History Evaluation": <https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/> and compare it to the requirements for CNA's here: <https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.

Students: Check your COM email!

Beginning spring 2016, all COM business will be sent your COM email address. Students need to set up their COM email account in order to receive any communication from the Financial Aid Office, Business Office, instructors or other staff. Personal email addresses will not be used for College correspondence.

To set up your email from the COM home page, click on Information Technology under College Operations. From the left menu, you can find all information under Get Connected. Direct links: <http://its.com.edu/login-information>
<http://its.com.edu/email> For more information contact IT at 409-933-8302.



Medication Aide Program Application

For CE Allied Health Office Use Only

Approved Declined

Reviewed By: _____
Date: _____

Cohort: ____-NURA-1013-____CL

Semester Requested (check one): Spring Summer Fall
Year: _____

Name: _____ DOB: __/__/__
Last First Middle

Home Address: _____
Number & Street City State Zip

Phone #: (____) _____ Alt #: (____) _____

Email: _____

In Case of Emergency, Please Contact:

Name (please print) Relation to Student (____) Phone #

Have you or are you planning to apply for Financial Aid: (circle one) YES NO

To be a medication aide in a licensed Texas facility, you **must**:

- read, write, speak and understand English;
- be at least 18 years old;
- be free of communicable diseases, and in suitable physical and emotional health to safely administer medications;
- be a high school graduate or have a GED.

Applicants must be employed as Certified Nurse Aides listed on the Texas Nurse Aide Registry in active status and currently employed in a facility licensed under Texas Health and Safety Code Chapter 242 on class start date OR employed on class start date as non-licensed direct care staff in a facility licensed under Chapter 247; a state supported living center or an intermediate care facility for persons with an intellectual disability and have 90 days previous employment in the year preceding the class start date.

<https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation/medication-aide-program/medication-aide-program-faqs>

PLEASE PRINT CLEARLY



Before returning your application, make sure you have the following documents:

1. Immunization record(s) showing proof of immunity through titer or vaccine for Hepatitis B, MMR, Varicella, Tdap & negative TB skin test (Tdap & TB cannot expire before program completion)
2. Negative 10 Panel drug screen test results w/list of items tested for (no older than 12 months & cannot expire before program completion) [Drug panels that are less than 10 panel will not be accepted.]
3. Acceptable current TXDPS Criminal Background Report (no older than 12 months & cannot expire before program completion) [**Positive criminal history reports must be reviewed by the CE Allied Health Program Director.** *Criminal background reports obtained through city or county law enforcement agencies are not acceptable.*]
4. Employee Misconduct Registry Report [***Must be submitted by name, not social.***]
5. Copy of Signed Social Security Card (must **Match** Photo ID)
6. Copy of Driver's License or Government-Issued Photo ID (**Must Match** Social Security Card) [Expired ID will not be accepted.]
7. High School Diploma or GED (***Must meet THHS criteria***)
 - Accepted: Certified copy or photocopy which has been **notarized** as a true copy of an unaltered original of a high school graduation diploma, high school transcript, or a GED diploma
 - Diplomas from internet-based schools **will not** be accepted
 - Applicants who attended school outside of the country **must** have their documentation verified as being equivalent to high school graduation in the U.S.
8. **Notarized** Experience Documentation Report Form (**Form may not be notarized before the first day of class.**) Must be actively employed throughout the entire course of the program.
9. Texas HHS Medication Aide Program application (will be given in class and **must be notarized**)
10. Money order payable to the Texas Health and Human Services Commission in the amount of \$25 (non-refundable) for application fee.



Students entering the Medication Aide Program must meet the following minimum requirements:

Note: All immunizations must be completed in their entirety before clinicals or in class activity with potential exposure to blood or bodily fluids

Immunization record(s) showing proof of immunity through titer or vaccine for:

Measles (Rubeola), Mumps & Rubella (MMR)	A. Two doses of Measles, Mumps, Rubella (MMR) vaccine OR	Date #1: _____ Date #2: _____
	B. Serologic test <u>positive</u> for Measles antibody	Date of Collection: ____ Positive Result ____ Negative Result
	B. Serologic test <u>positive</u> for Mumps antibody	Date of Collection: ____ Positive Result ____ Negative Result
	B. Serologic test <u>positive</u> for Rubella antibody	Date of Collection: ____ Positive Result ____ Negative Result
Varicella	A. Two doses of Varicella vaccine OR	Date #1: _____ Date #2: _____
	B. Serologic test <u>positive</u> for Varicella antibody OR	Date of Collection: ____ Positive Result ____ Negative Result
	C. Physician documented history of Varicella (Chicken Pox)	Disease Date: _____
Hepatitis B	A. Dose 1 Dose 2 Dose 3 OR Date : _____ Date : _____ Date : _____	B. Serologic test <u>positive</u> for Hepatitis B antibody Date of Collection: _____ ____ Positive Result ____ Negative Result
Tdap	A. Must be current within the last 10 years.	Date: _____
TB (PPd)	A. Must be current within the last 12 months. Date Given: _____ Date Read: _____ ____ Positive Result ____ Negative Result ____ mm	B. If TB (PPd) skin test is positive, a negative chest x-ray report is required. Date of X-Ray: _____ ____ Positive Result ____ Negative Result
10 Panel Drug Screen	A. Negative 10 Panel Drug Screen test with list of items tested for (Must be current within the last 12 months) [Drug panels less than 10 panel will not be accepted.]	Date of Collection: _____ ____ Positive Result ____ Negative Result

I am aware that the College of the Mainland CE Allied Health Department, which oversees the Medication Aide Program, requires that I have the required immunizations before my clinical rotations. I understand that I will not be allowed to enter the clinical facility for clinical purposes if I do not have the required immunizations.

PLEASE INITIAL _____



Acknowledgement of Hepatitis B Vaccine Requirement

Department of State Health Services Disease Prevention and Intervention Section
Immunization Branch

POLICY STATEMENT 1.0 completion of hepatitis B vaccine series prior to direct patient care

The Texas Department of State Health Services (DSHS) rule §97.64, “Required Vaccinations for Students Enrolled in Health-Related and Veterinary Courses in Institutions of Higher Education” [25TAC§97.64, April 2004], requires students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities to complete a three-dose series of hepatitis B vaccine prior to direct patient care. This rule applies to all medical interns, residents, fellows, nursing students, and others who are training in medical schools, hospitals, and health science centers and students attending two-year and four-year colleges whose course work involves direct patient contact regardless of the number of courses taken, number of hours taken, and the classification of student.

Website for Texas Department of State Health Services Adult Immunizations Schedule:
www.dshs.state.tx.us/immunize/adult_sched.shtm

Please check one of the following boxes as it applies to your Hepatitis B series:

- I have completed the Hepatitis B 3 shot series
- I only have 1 shot remaining of the 3 shot series: 3rd shot is scheduled for _____
- I have completed my first shot and the dates for the next two shots are scheduled for: _____ and _____

Based upon the clinical/extern site rules and regulations I understand & acknowledge that if I have not completed the Hepatitis B 3 shot series, I may not be able to participate in the clinical/externship portion of the program.

I have read and understand the Texas Department of State Health Services policy on Hepatitis B vaccine series. www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf

Applicant Signature

Date



Documenting History of Illness: Varicella (Chicken Pox)

This form summarizes the “Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chicken Pox).”

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student’s positive history of varicella disease (chicken pox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease. College of the Mainland shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. If a student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

Documentation of prior varicella illness can be provided by the following methods:

- A serologic confirmation of varicella immunity (positive varicella IgG result).
- A written statement from a physician or the student’s parent or guardian containing wording such as: “This is to verify _____ had varicella disease (chicken pox) on or about _____ and does not need the varicella vaccine.”
(Printed Name of Applicant)
(Approximate month/year)

Printed name of person completing form

Signature of person completing form

Relationship to applicant

Date



For more information about Varicella contact:
Texas Department of State Health Services Immunization Branch (800) 252-9152
www.ImmunizeTexas.com



Criminal History Report for Medication Aide Applicants

Criminal History Report

A criminal history check from the Texas Department of Public Safety is required to be presented by the student for COM’s Continuing Education Allied Health programs. Please go to the Texas Department of Public Safety website at www.txdps.state.tx.us to obtain instructions on how to request a criminal history check. The approximate cost for getting a background check is \$3.57 for each last name of applicant. *The report results must be printed out and turned in with all completed requirements for your desired program.*

- Background checks must be obtained from the Texas DPS website. Reports processed through city police, county sheriff or other will not be accepted as they are not all inclusive of the state of Texas.
- Background checks older than 12 months to the class date you are applying for will not be accepted.
- Positive criminal history reports must be reviewed by the CE Allied Health Program Director.
- Criminal history clearance through College of the Mainland CE Allied Health does not constitute clearance through potential employers or hiring entities.

It is understood that I am responsible for providing College of the Mainland with a copy of my Criminal History background report. PLEASE INITIAL _____

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Should you wish to request a review of the impact of criminal history on your potential licensure prior to or during your quest for a degree, you can visit this link and request a “Criminal History Evaluation”: <https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/> *and compare it to the requirements for CNA’s here:* <https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation>

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APPLICANT SIGNATURE OF ACKNOWLEDGEMENT _____



Employee Misconduct Registry Report

Applicants found to be listed on the Employee Misconduct Registry (EMR) or who are listed on the Nursing Assistant Registry in “revoked” status or who have a criminal history that would bar employment in a Texas Health and Human Services (THHS) licensed facility or agency are prohibited from enrolling in a medication aide training program.

Please go to <https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp> to request this information. **MUST BE SUBMITTED BY NAME, NOT SOCIAL.**

The report results must be printed out and turned in with all completed requirements for your desired program.

It is understood that I am responsible for providing College of the Mainland with a copy of my EMR check. **PLEASE INITIAL _____**

Signature Agreement for Medication Aide Applicants

Release Agreement

While caring for patients during my clinical rotations, I hereby release and discharge College of the Mainland and all its employees from all liability for all injury, exposure or damage arising from health risks of caring for patients during my clinical rotation or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (including blood-borne pathogens) or personal injury. I am aware of the health risks of caring for such patients.

Applicant’s Statement

I certify that I have read the above statements and that initialing my name means that I agree with the above statements. If accepted into the College of the Mainland Medication Aide Program, I agree to abide by the rules set forth by the school and the program.

Applicant Printed Name

Date

Applicant Signature

Completed Applications are to be submitted in person to the
North County Learning Center
200 Parker Court – League City, Texas – 77573
Monday – Friday 8:00am – 4:30pm



EXPERIENCE DOCUMENTATION REPORT FORM
TEXAS HEALTH & HUMAN SERVICES
MEDICATION AIDE PROGRAM - MAIL CODE E416
P.O. BOX 149030
AUSTIN, TEXAS 78714-9030

APPLICANT: _____ SOCIAL SECURITY # _____

TRAINING SCHOOL: _____

Form must be filled out in its entirety by the individual certifying that the information submitted is correct.

I, _____, certify that I have employed
(FACILITY ADMINISTRATOR/PROGRAM DIRECTOR/DON)
_____ from _____ to _____ and that I
(Applicant)

know of my own knowledge that said person was employed continuously in this facility which is licensed under Health & Safety Code Chapter 242, as a certified nurse aide; or in this facility which is a licensed Personal Care Facility under Health & Safety Chapter 247, or in this State Supported Living Center, IFC-IDD as a non-licensed direct care staff person under the supervision of a licensed nurse on duty or on call.

1. Place of Employment: _____

2. Address: _____
Street No. City State Zip

3. Phone Number including Area Code: _____

4. Type of Facility: _____

5. Job Title of Applicant: _____

6. Nurse Aide Certificate Number (if applicable): _____

Expiration Date: _____

7. Type of work performed (be specific): _____

On this _____ day of _____, 20____, in _____,

I certify under penalty of perjury that the information submitted is true and correct.

SIGNATURE OF ADMINISTRATOR/PROGRAM DIRECTOR/DON
Facility Vendor Number: _____

Before me, a Notary Public in _____ County, Texas on this day personally appeared _____, known to me to be the person whose name is
(FACILITY ADMINISTRATOR/PROGRAM DIRECTOR/DON)

subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____, 20____.

(Signature of Notary) Page 11 of 11