Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

Medication Aide Training Program Re-Approval Application

Program Contact Information:

Program Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number ( ) _____ Fax Number ( ) _____

Program Administrator Contact Information:

Program Administrator _____

Telephone Number ( ) _____ Fax Number ( ) _____

Email Address _____

SUPERVISED CLINICAL PRACTICE

Rule 4723-27-07(6), Ohio Administrative Code (OAC), the supervised clinical practice component shall be provided in a nursing home that the Ohio Department of health has found to be free from deficiencies related to the administration of medications in the two most recent annual surveys, or in residential care facilities that the Ohio Department of health has found to be free form deficiencies, related to the administration of medications and the provision of skilled nursing care, in the two most recent annual surveys.

List all Sites for Clinical Experiences *(Attach a separate piece of paper as needed for additional listings)*:

Name of Clinical Site _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number ( ) _____ Fax Number ( ) _____

Email Address _____

Verify whether or not the Medication Aide Training Program has met and maintained the following requirements:

	Yes	No
A curriculum plan that includes both classroom and clinical instruction which is a minimum of 120 hours, of which a minimum of 80 hours shall be theoretical instruction in a classroom setting and shall include content as outlined in Rules 4723-27-07(C)(1), OAC.	☐	☐
The program is administered by a registered nurse who meets the requirements as outlined in Rule 4723-27-07(C)(2)(a),OAC.	☐	☐
Policies, which reflect the responsibilities of the nurse administrator as outlined in Rule 4723-27-07(C)(3), OAC.	☐	☐
Qualifications of faculty as outlined in Rule 4723-27-07(C)(2) OAC.	☐	☐
Program policies as outlined in rule 4723-27-07(C)(4) OAC.	☐	☐
Policies for replacement in the event of a vacancy of the nurse administrator.	☐	☐
Policy for notification of the Board when a decision is made to close a training program.	☐	☐
Supervised clinical practice provided in clinical agencies that meet Rule 4723-27-07 (6) OAC.	☐	☐

To the best of my knowledge the information submitted in this application is true and accurate.

Signature _____ Date _____

Title _____

Please submit the completed application, and a $500 certified check or money order made payable to "Treasurer State of Ohio" to the Board.
Applications submitted without the appropriate fee will not be processed.