



Ohio Board of Nursing

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

MEMORANDUM

To: Board Members

From: Kristie Oles, Education Regulatory Surveyor
Lisa Emrich, Program Manager

Date: November 4, 2021

RE: ETI Technical College Medication Aide Training Program

Attached, please find the application submitted by ETI Technical College Medication Aide Training Program (Program), seeking the Board's approval.

Board staff reviewed the application and documentation submitted by the Program. The Program has met the approval requirements in accordance with Rule 4723-27-07, Ohio Administrative Code.



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MEDICATION AIDE TRAINING PROGRAM APPLICATION

Program Contact Information

Legal/Official name of Program ETI Technical College Medication Aide Training Program

Address 2076 Youngstown-Warren Road City Niles State OH Zip Code 44446

Telephone Number 330-652-9919 Fax Number 330-652-4399 Email Address lisamorgan@eticollege.edu

Name of Organization Providing Program ETI Technical College Niles

Address 2076 Youngstown-Warren Road City Niles State OH Zip Code 44446

Telephone Number 330-652-9919 Fax Number 330-652-4399 Email Address laedmundson@gmail.com

Anticipated Start Date: January 10, 2022

Program Administrator Contact Information

Program Administrator (Must be an Ohio Registered Nurse) Lisa D. Morgan

Telephone Number 330-652-9919 Fax Number 330-652-4399 Email Address lisamorgan@eticollege.edu

SUPERVISED CLINICAL PRACTICE

Rule 4723-27-07(C)(5), 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 from deficiencies, related to the administration of medications and the provision of skilled nursing care, in the two most recent annual surveys. Please list all facilities used. Please attach a separate piece of paper for additional listings.

Type of Facility: Nursing Home Residential Care Facility (RCF)

Name of Clinical Site Shepherd of the Valley

Contact Person Dawn Lundgren

Address 1501 Tibbits Wick Rd City Girard State OH Zip Code 44420

Telephone Number 330-544-0771 Fax Number 330-539-9326 Email Address dlundgren@shepherdofthevalley.com



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Attestation:

The Applicant has reviewed Ohio law and rules relating to requirements for the administration of a Medication Aide Training Program and attests that the Training Program it proposes meets and will maintain these requirements. The information submitted in this Application is true and accurate.

Lisa D. Morgan

MA-C Program Director

Title

A handwritten signature in black ink, appearing to read "Lisa D. Morgan".

10/18/2021

Date

Please submit the application, documents and credit card authorization form in the amount of \$1000 to the Board. Incomplete submissions will NOT be processed.