



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: Lisa Hashemian, Education Regulatory Surveyor
Lisa Emrich, Program Manager

Date: November 9, 2021

RE: Alia Healthcare Medication Aide Training Program

Attached, please find the application submitted by Alia Healthcare Medication Aide 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 Alia Healthcare Medication Aide Training Program

Address 1495 Morse Rd, Suite 200 City Columbus State OH Zip Code 43229

Telephone Number 614-847-3617 Fax Number 614-847-3616 Email Address info@aliahealthcare.com

Name of Organization Providing Program Alia Healthcare Services

Address 1495 Morse Rd, Suite 200 City Columbus State OH Zip Code 43229

Telephone Number 614-847-3617 Fax Number 614-847-3616 Email Address info@aliahealthcare.com

Anticipated Start Date: 11/01/2021

Program Administrator Contact Information

Program Administrator (Must be an Ohio Registered Nurse) Sandra Osman

Telephone Number 614-847-3617 Fax Number 614-847-3616 Email Address sandra.wehrhan@aliahealthcare.com

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 Arbors of Delaware

Contact Person May Abdussalaam

Address 2270 Warrensburg Rd City Delaware State OH Zip Code 43015

Telephone Number (740) 369-9614 Fax Number (740) 363-5881 Email Address MAbdussalaam@ArborsAtDelaware.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.

Sandra Osman

Name

Sandra Osman, RN, CAP

Signature

Program Administrator

Title

09-16-2021

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.