



NAVARRO COLLEGE

Certified Medication Aide Program Application

The Navarro College Certified Medication Aide program is a 148-contact hour, state regulated training program that prepares nurse aides to administer medications in state licensed facilities.

This information packet contains specific application guidelines and requirements. By applying, an individual verifies that they have 1) read the packet thoroughly, 2) obtained all necessary documents, and 3) understood the policies and procedures for application and acceptance to the program.

EQUAL EDUCATIONAL OPPORTUNITY

Educational opportunities are offered by Navarro College without regard to race, color, age, national origin, religion, sex, disability, or sexual orientation.

Eligibility and Application Requirements

Eligibility Requirements (Per Texas Administrative Code, RULE §557.107):

- Must be able to read, write, speak, and understand English;
- Must be at least 18 years of age;
- Must be free of communicable diseases and in suitable physical and emotional health to safely administer medications;
- Must be a graduate of an accredited high school or have proof of successfully passing a general educational development test;
- Must be employed in a facility as a nurse aide or non-licensed direct care staff person on the first official day of an applicant's medication aide training program; and have been employed:
 - as a nurse aide in a Medicare-skilled nursing facility or a Medicaid nursing facility; or
 - in a facility for 90 days as a non-licensed direct care staff person during the 12-month period before the first official day of the applicant's medication aide training program

Certified Medication Aide Application Requirements also include:

- High school transcript, diploma, or high school equivalency verification
- Form 5538-MA: Understanding of Required Criminal Background Check
- Form 5523-MA: Medication Aide Experience Documentation Report (NOTARIZED)
- Form 5534-MA: General Statement Enrollment (WILL NOTARIZE ON FIRST DAY OF CLASS)
- Submission of a valid non-expired U.S. or State Government issued identification
- Submission of social security card
- Submission of immunization record and tuberculosis test
- Consent to the Employability Check on the Nurse Aide Registry and Department of Aging and Disability Services
- CE Registration Request Form found here: <https://www.navarrocollege.edu/ce/>
- Drug Screen (cost is non-refundable)

Certified Medication Aide Program Information

The Certified Medication Aide program is a state regulated training and certification program that prepares Certified Nurse Aides to administer medications in a long-term care setting. Students receive instruction and training in the preparation and administration of medications; observe, report, and document resident's status; review principles of safety; and demonstrate knowledge of measurement systems, body systems, and common diseases. Upon completion, students will prepare for the state examination through the Texas Health and Human Services Commission to become a Certified Medication Aide.

- Navarro College is a Texas Health & Human Services Commission (HHSC) approved Medication Aide training program. HHSC provides regulatory oversight for all Medication Aide training programs throughout the state of Texas. More information regarding Medication Aide training programs and how to be a Certified Medication Aide in the state of Texas can be found at <https://www.hhs.texas.gov/business/licensing-credentialing-regulation>
- The Navarro College Certified Medication Aide program is a 148-contact hour program, including 138 hours of classroom instruction with 10 hours of clinical application in a long-term care center environment.
- Completion of this program does not guarantee state licensure. Students must successfully complete the formal medication aide training program AND pass the state licensure examination to be Certified Medication Aides in the state of Texas.
- Because this program is a hybrid course, students must have reliable computer and internet access to complete the mandatory 26 hours of online content.
- *Course Titles: NURA-1013 Medication Aide*

Certified Medication Aide Packet Submission

READ THE FOLLOWING INSTRUCTIONS CAREFULLY. Applicants must submit the completed Certified Medication Aide application either in person or upload all documents to a CE Registration Request found at www.navarrocollege.edu/ce. The Certified Medication Aide application materials must be submitted at least one week before program start date and include all required documentation.

Navarro College Office of Continuing Education Allied Health Program Immunization Requirements

To comply with the Texas Administrative Code (Title 25 Health Services, Rules 97.61-97.72) regarding immunization records for students enrolled in health-related courses, the below guidelines are enforced in all allied health programs at Navarro College:

An immunization record form is included with this information packet. The completed form verified by a physician or nurse practitioner would document dates of all required immunizations and/or date of a positive titer result for each. **If immunization records have been recorded on separate documentation such as a hospital printout, health department card, office call invoice, etc., a clear photocopy of that documentation may be attached to the Immunization Record Form.**

Tuberculosis Screening

An intradermal PPD (Mantoux) "skin" test is required for all applicants. The PPD must be current within (12) months of the applicant's anticipated entry into the course.

If the PPD indicates a positive reaction, documentation must indicate the induration of the test site and the applicant must obtain a chest x-ray verifying the absence of active disease. The chest x-ray must be current within one (1) year of program entry. The chest x-ray will then be valid for two (2) years while the student is enrolled. Individuals who have received the BCG injection or who have a history of tuberculosis or a positive PPD result should obtain a chest x-ray rather than the PPD.

Immunizations

An applicant must have completed the following immunizations according to the indicated guidelines and schedules. Documentation of a titer (blood test) with specific lab values verifying immunity or seropositivity is also accepted for Measles, Mumps, Rubella, Varicella and Hepatitis B.

- **Measles** – Two (2) doses of measles ("rubeola") vaccine is required either in a separate injection or in combination with mumps and rubella ("MMR"). Both measles immunizations must have been received after January 1, 1968. Individuals who were born prior to 01/01/1957 are exempt from the measles immunization requirements.
- **Mumps** – One (1) dose of mumps vaccine is required either in a separate injection or in combination with measles and rubella ("MMR"). Individuals who were born prior to 01/01/1957 are exempt from the mumps immunization requirement.
- **Rubella** – One (1) dose of rubella vaccine is required either in a separate injection or in combination with measles and mumps ("MMR"). There is no exemption from the rubella immunization requirement for individuals who were born prior to 01/01/1957.
- **Tetanus/Diphtheria/Pertussis ("Tdap")** – One dose of tetanus-diphtheria-pertussis vaccine (Tdap). In addition, one dose of a tetanus-containing vaccine must have been received within the last ten years. Td vaccine is an acceptable substitute, if Tdap vaccine is medically contraindicated. **NOTE: A standard Tetanus or Tetanus Diphtheria (Td) is not accepted.**
- **Varicella (chickenpox)** – Two (2) doses of varicella vaccine are required or documentation of a positive titer (blood test) with lab values report. **NOTE: A statement from a physician or parent indicating the student's previous varicella disease history is not accepted.**
- **Influenza** – One (1) dose of a flu vaccine is required with flu strains that start in August of each year. This is only if the flu vaccine is available at the time of enrollment.
- **Hepatitis B Series** – A complete series (either the two-dose OR three-dose) is required or documentation of a position titer (blood test) with lab values report.

Provisional Enrollments will be approved on a case-by-case basis should an applicant not have evidence of all vaccines; however, there can be NO direct patient contact until all required immunization documentation is turned in. Finally, documentation of at least one dose of the missing vaccine(s) series must be submitted for the provisional enrollment to be approved.

Navarro College Office of Continuing Education Allied Health Program Background Check & Drug Screening Policy

Drug Screening

A clean drug screen is required for acceptance into all Allied Health programs at Navarro College. The cost of testing is the responsibility of the applicants. **Applicants must take a 10-panel drug test at an approved location and the results must be sent directly to the Office of Continuing Education from the testing facility.** Results emailed by the student will not be accepted. Applicants may also utilize Castlebranch to order the drug screening. The Office of Continuing Education can provide applicants with a code to order the drug screening online. Upon purchase, they are provided with a voucher to take the screening at a specific facility. Results are sent directly to Navarro College upon completion.

In the event there are positive findings, the results will be reviewed by the Medical Review Officer, who specializes in the interpretation of questionable results. Extra costs are the applicant's responsibility. Positive results may deem applicants ineligible for acceptance into the program.*

*Once admitted into the program, students may be subject to future drug screens if "for cause" behavior (suspicious in nature) is demonstrated in the classroom or externship or per agency/externship requirement. A positive test result may deem the student ineligible for progression. This can be cause for withdrawal from the program with no refund and a "No-Pass" grade. All drug screening costs are the responsibility of the student in the program.

Background Check

Beginning August 1, 2021, a Medication Aide Training Program will no longer be responsible for verifying that a trainee has not been convicted of a criminal offense listed in Texas Health and Safety Code (THSC), §250.006(a), or convicted of a criminal offense listed in THSC, §250.006(b) within the five years immediately before participating in the training program, as described in the HHSC (Texas Health and Human Services) rule (26 TAC, §557.119(b)(4)(B)). Prospective Medication Aides will submit a background check with fingerprinting directly to HHSC through the Department of Public Safety. A prospective trainee may be ineligible to become a Certified Medication Aide based upon certain criminal offenses. All prospective trainees have the right to request a criminal history evaluation letter from HHSC regarding a potential trainee's eligibility for active listing in the registry if the potential trainee has reason to believe that he/she is ineligible for active listing in the registry due to a criminal conviction. A prospective trainee must submit Form 5537-MA to HHSC via email to request a criminal history evaluation. This form can be found here: **<https://www.hhs.texas.gov/laws-regulations/forms/5000-5999/form-5537-ma-request-criminal-history-evaluation-letter-medication-aide-permit>**

Notice to Students Regarding Licensing – Criminal History

Effective September 1st 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify you a potential or enrolled student that a criminal history may make you ineligible for an occupational license upon program completion. Please contact the Office of Continuing Education should you wish to request a review of the impact of criminal history on your potential certification prior to registration or during the program.

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.

Payment & Program Expenses

Payment Plan

A payment plan is not available for the Certified Medication Aide program.

Financial Aid

Continuing Education programs are not eligible for Pell Grant or traditional student loan funding. The Texas Public Education Grant (TPEG) is a grant designed to help Texas resident students cover his/her tuition and fees, when these expenses exceed the Expected Family Contribution (EFC) reported on their Student Aid Report (SAR). TPEG is awarded to eligible applicants on a first-come, first-served basis while funds are available and does not cover the cost of books, material, tools or any other supplies. Not all programs qualify for TPEG funding. To determine eligibility for TPEG, you will need to submit a FAFSA to Navarro College. The FAFSA application is found at www.studentaid.gov. **Navarro College School Code 003593**. For more information, contact the Office of Continuing Education.

Adult Education and Literacy Program

Students may be eligible for assistance through the Adult Education and Literacy Program. Please contact the Career Navigator at 903-875-7467 for more information.

Payment is due in full prior to the start date of the program

Textbooks & Supplies

- Applicants must purchase the textbook prior to the first day of class at the Navarro College Bookstore. The Continuing Education Coordinator will provide the textbook information upon registration.
- Students must have reliable computer/ and internet access to complete required assignments.

Estimated Certified Medication Aide Program Expenses

The Certified Medication Aide program is \$728 tuition. Below you will find a breakdown of program costs, to include other expenses.

Certified Medication Aide Tuition plus fee- payable to Navarro College*	\$728
State Examination & License Application Fee-payable to Texas Health and Human Services	\$25
Textbooks- paid separately	\$32.80
Required Background Check- paid separately	\$38.25
10 Panel Drug Test-paid separately	\$45.00
Total Estimated Program Expense	\$869.05

*Tuition and other fees subject to change. Tuition above is current as of Fall 2023.

If you have questions about the program application and/or other program specifics, please contact the Continuing Education Coordinator at 972-923-5263 or continuing.education@navarrocollege.edu.

Immunization Form

Two ways to submit immunizations: (1) Use this form, each line requires a doctor's signature or verification from your health center and date of immunization or dates of lab results indicating positive titer (seropositivity) required. You must include the lab results. (2) Or immunization records recorded on a separate document such as a hospital printout/health department card.

	Date of Immunization	If Seropositive, Date of Positive Titer (Attach Lab Results)	Doctor's Signature or Health Center Signature valid only if injection was given
1. Measles - 2 doses since 01/01/68 or positive Titer; Exempt if born on or before 01/01/1957			
2. Mumps - 1 dose if born on or after 01/01/1957; or positive Titer; Exempt if born on or before 01/01/957			
3. Rubella - 1 dose or positive Titer			
4. Tetanus/diphtheria/pertussis (Tdap) - 1 dose within past 10 years		DOES NOT APPLY	
5. Varicella (chickenpox) - 2 doses or positive Titer			
6. Hepatitis B Series <ul style="list-style-type: none"> ➤ 1ST initial dose ➤ 2nd dose after 1 month ➤ 3rd dose after 5 months or, ➤ Twin RIX series or Positive Titer 			
7. Influenza - 1 dose within the past 12 months		DOES NOT APPLY	

TUBERCULOSIS SCREENING

Documentation requires a **physician's signature** or verification from testing provider.

Intradermal PPD (Mantoux) – within twelve (12) months unless previously positive

Date _____ Results _____ Physician's Signature _____

Chest X-Ray – within one (1) year if PPD positive (Must also include positive PPD verification above)

Date _____ Results _____ Physician's Signature _____

Certified Medication Aide Application Checklist

Name: _____ **Date of Birth:** _____

Phone Number: _____ **Email:** _____

Address: _____

This checklist is provided to assist you in following the steps toward program application.

____ Completed the Certified Medication Aide application

____ Employability Check (Nurse Aide Registry and Department of Aging and Disability Services)- (Navarro College will conduct the Employability Check upon receipt of application and add the results to the applicant's application packet)

Compile the following materials as your complete Certified Medication Aide Application

____ High school transcript, diploma, or high school equivalency verification

____ Photocopy of valid non-expired U.S. or State Government issued identification

____ Form 5538-MA: Understanding of Required Criminal Background Check

____ Form 5523-MA: Medication Aide Experience Documentation Report (NOTARIZED)

____ Form 5534-MA: General Statement Enrollment (WILL NOTARIZE ON FIRST DAY OF CLASS)

____ Photocopy of signed social security card (front and back)

____ Photocopy of immunization records and tuberculosis test

____ Background check and drug test

____ Online CE Registration Request found here: www.navarrocollege.edu/ce/

Certified Medication Aide Classroom and Clinical Policy

When registering for class, students are expressing their commitment to attend all lecture, skills, and clinical sessions as required and specified by the program schedule. All instruction must be provided by an authorized Navarro College Certified Medication Aide program instructor. Students will not be allowed to complete skills training or clinical hours at any other location other than the designated Navarro College Campus indicated on the schedule and clinical partner locations approved for the Navarro College Certified Medication Aide program. To complete this program, students must attend classes as scheduled and demonstrate mastery of skills and competencies as designated by the Texas Health and Human Services Commission standards and evaluated by an authorized Navarro College Certified Medication Aide Instructor. **Finally, I understand that nursing is a hazardous profession and that I may be exposed to communicable diseases during this class. I agree that Navarro College will not be liable in the event I am exposed to a contagious disease.**

By signing below, you are stating that you have read, understand, and agree to abide by, the above Certified Medical Aide Classroom and Clinical Policy.

Applicant Signature

Date

Authorization for Release of Nurse Aide Registry and Employee Misconduct Registry Information

I, _____ hereby authorize Navarro College to inquire at the Nurse Aide Registry (NAR) and the Employee Misconduct Registry (EMR) for any negative findings entered on these registries. If negative findings have been documented, I understand that I will be prohibited from taking the Texas Health and Human Services (HHS) competency examination test, thereby being refused issuance of a new certificate of nurse aide competency.

Pursuant to 42 Code of Federal Regulation (CFR), §483.13©(1)(ii), nurse aides with a finding of abuse, neglect or misappropriation of resident' property are prohibited from employment in nursing and skilled nursing facilities. I authorize, request, and require the NAR agency, or person so contacted to furnish Navarro College whatever information they may have concerning documented negative findings on the NAR deemed by the college to be relevant to my status for testing.

I hereby release, indemnify, and forever hold harmless the NAR and EMR who may furnish such information concerning me for any and all liability, which may be incurred as a result of furnishing any such information. I also release and hold harmless Navarro College, its officers, and agents from any claim or demand related to the college obtaining and/or considering any such information.

I understand that any information obtained by the NAR and EMR, which is captured in whole or in part, upon this release authorization will be considered in determining my suitability for competency examination testing by the Texas HHS.

I further understand and agree that any negative findings found on the NAR and EMR during the training session is considered just grounds for Navarro College to refuse purchase and scheduling of the Texas HHS competency examination. I hereby give Navarro College lasting permission to reinvestigate NAR and EMR records at any time during any Certified Medication Aide training program course of study.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature. My signature below indicates my understanding of, agreement with, and acceptance of all the above terms and stipulations.

Certified Medication Aide Applicant Name (PRINT)

Date

Certified Medication Aide Applicant Signature

Health Insurance and the COVID-19 Vaccine Student Acknowledgment

Navarro College Office of Continuing Education does not require students to have health insurance or the COVID-19 vaccine; however, certain clinical and externship sites require health insurance and/or the COVID-19 vaccine series to complete hours at their facility. It is highly recommended that students have both health insurance and the COVID-19 vaccine series (including the booster vaccine). Should a student NOT have health insurance and/or the COVID-19 vaccine series, they will be placed at a clinical site that does not require one or both. This may increase travel time and travel expenses for the student. Navarro College is not liable for these expenses. Please note: if all available sites for clinicals and externships require the COVID-19 vaccine series at some point during the class, Navarro College is not liable for refunds should a student not have the vaccine and thus not be eligible for clinicals and externships. Clinicals and externships are a requirement of program completion.

Important notice regarding the COVID-19 vaccine series: The situation regarding COVID-19 is fluid and subject to constant updates from the CDC and local government authorities. Hospitals are starting to require the COVID-19 vaccine series for all employees and students. Students may begin at a clinical site during a period when the vaccine series is suddenly mandated for continuation of clinical hours. Should this occur, Navarro College will not guarantee a clinical location change due to a student being unvaccinated. It is the student's responsibility to ensure they comply with all clinical site requirements.

The COVID-19 situation is fluid and subject to federal, state, and local mandates and guidelines. Upticks in COVID-19 cases and changes in CDC protocol can cause a hospital or facility to temporarily prohibit on site clinical and externship rotations. Should clinical and externship rotations be suspended during your program, Navarro College will offer either simulated externship hours when appropriate (and in line with professional certification requirements) or delay program completion until externship rotations are available.

By signing below, you are stating that you have read, understand, and agree to abide by, the above Health Insurance and the COVID-19 Vaccine Student Acknowledgment.

Applicant Signature

Date

Participant Acknowledgement and Release of Information

The information provided to Navarro College (NC) Continuing Education is complete and correct to the best of my knowledge. I agree to abide by Continuing Education program policies, rules, and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below acknowledges that the Continuing Education program and NC has my permission to release information obtained through background checks and shot records to other local partnering sites used for educational purposes to allow for approval of participation at their site. I understand that participation in clinicals, externships, or apprenticeships on partnering sites are required to complete my program.

Applicant Signature

Date

Certified Medication Aide Student Agreement

Statements of understanding. Initial each and sign below:

_____ Information given is factual. Falsification of required documentation results in application rejection.

_____ I have received, reviewed, and agree to abide by the Navarro College Office of Continuing Education Allied Health Program Background Check & Drug Screening Policy

_____ I understand that this type of course/career has specific physical requirements, which may include lifting a minimum of 50 pounds or more.

_____ I understand that if I do not successfully complete and pass each requirement for admissions, my application will be declined.

_____ I understand that enrollment in these courses is limited, and seats will be awarded in date order based on those students who complete, turn in, and pass all pre-admission requirements.

_____ **I understand that the completion of the Navarro College Certified Medication Aide program will not ensure my passing the Medication Aide licensure examination and I agree that Navarro College will not be liable in the event of my failure.**

_____ **I understand that nursing is a hazardous profession and that I may be exposed to communicable diseases during this class. I agree that Navarro College will not be liable in the event I am exposed to a contagious disease.**

_____ **I understand that attendance and passing my exams are necessary for passing the Certified Medication Aide program. If I miss more than the allowed absences (10 hours of classroom/lab), I will fail the program.**

_____ I agree to the terms as laid out by the Student Handbook, located at <https://www.navarrocollege.edu/handbook/index.html>. I understand if I do not follow the terms laid out by the Student Handbook could result in referral to the Dean of Workforce Training and Continuing Education and possible expulsion. I understand if this happens at any time during the course, I will not receive a refund. I understand that any of the following can be grounds for dismissal from the course, effective immediately with no refund: Not maintaining a passing grade of 70% or higher; unsatisfactory attendance, dishonorable conduct as stated in the Student Handbook; as ordered by the Dean of Workforce Training and Continuing Education.

I have read and understand the terms related, and release Navarro College and its employees from any liability.

Applicant Name (Print)

Date

Applicant Signature

Student Health Agreement and Release of Liability

I, _____, hereby certify that I am physically fit to participate in any classroom or clinical activity associated with the Navarro College Certified Medication Aide Program. I am not suffering from any illness or injury which would disqualify me from student participation.

Before registering for the Certified Medication Aide class, the following compliances must be read and acknowledged by signature at the bottom of the document regarding the above-mentioned student:

For the student safety, Navarro College and the clinical site, must be notified of:

- Chronic health problems
- Pregnancy
- Certain health conditions may require a doctor's full release statement on official doctor office letterhead before the student will be allowed to enter or return to the program. If the condition prevents the student from participating fully, she/he will not be allowed to return to the clinical site until the student's attending physician has released the student to full duty. If this release is more than the allowable absences, the student will be dropped from clinical.

IF ACCEPTED INTO THE PROGRAM, I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless the designated training facility owners, board members, administrators, nursing staff, employees, volunteers, and representatives. I do hereby indemnify and hold harmless Navarro College, and their board, officers, directors, agents, instructors, employees, volunteers, and representatives (the "Indemnified Parties") from and against all liability, damages, actions, causes of action, claims, losses and/or expenses, including, but not limited to, attorneys fees, court costs, and expenses arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of Navarro College, regardless whether or not caused in whole or in part by the negligence of the Indemnified Parties, or any one or more of them.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I/WE SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and have understood.

I understand that all policies, regulations, and standards of conduct of Navarro College will be in effect and must be adhered to in any classroom or clinical activity. It is also understood that I will not be allowed to participate in any classroom activities until this form is executed below.

Applicant Name (Print)

Date

Applicant Signature