

5. Name and address of laboratory location(s):

6. Please list the name; phone number, email address, and address; qualifications; and North Dakota Nursing license number of **all** instructors:

7. Planned date of implementation of program (N/A if this is a renewal application):

8. Identify the teaching equipment available for simulation of medication administration and the audiovisual equipment available for instruction:

9. For the clinical experience, indicate the maximum number of students per facility and the instructor/student ratio:

COURSE CONTENT

10. Include a copy of the following with your application:

- a. The medication assistant training program course objectives
- b. Curriculum.
- c. All clinical skills checklists and/or evaluations of individual competency
- d. Unit tests (if applicable)
- e. Final test(s)
- f. Length of time spent on each unit
- g. Suggested timeline for course completion, including theory and clinical/laboratory portions.

11. Number of theory/classroom hours:

12. Number of clinical hours:

13. Number of laboratory hours (if applicable):

14. Describe the process used to conduct student testing to ensure competency in clinical and theory/classroom skills (including security of tests and test taking):

14. (A) Include a copy of Organizational Policy(ies) related to medication administration as listed below including:

- a. Scope of duties of the Medication Assistant I, including:
 - additional instruction on those categories and of medications and routes of administration relevant to the health care setting where the medication assistant is employed;
 - specific delegation including routes that may be used only with specific delegation; and
 - routes and medications and medication interventions that may not be used
- b. Licensed nurse responsibilities in relationship to the Medication Assistant 1;
- c. Prevention, causes, reporting, and documentation of medication errors;
- d. Organizational procedural guidelines to follow in medication administration by specific delegation;
- e. Medication scheduling at regular times, administration, and documentation (use of Medication Administration Record);
- f. New medication orders (or change in dosage) and administration of the initial dose of a medication that has not previously been administered to a resident;
- g. Medication storage;
- h. Procedure for medical emergencies (anaphylactic shock);
- i. Administration of pro re nata medications;
- j. Use of standing orders;
- k. Self administration of medications;
- l. Dropped medication, medication storage, disposal of medication, and documentation;
- m. Medication information sheets, nursing care plans, and referral forms;
- n. Medication management when a resident is away from the facility;
- o. Refusal of medications; and
- p. When to notify the licensed nurse.

15. If this is a renewal application:
What has changed in the Med Assistant training program since your last review by the Department of Health?

16. What student feedback mechanisms do you use to determine if your course has properly prepared these students to pass medications?

I certify that the information given in this report is true and accurate.

Signature of program coordinator:

Date: