## **Medicine Aide Update**



**CHE433** 

This course meets the requirements for the State of Maryland for recertification as a Medicine Aide. In order to successfully complete the course, students must be present throughout and score a minimum of 80% on the written final examination. Approved by the MD BON.

Dates: November 3, 10, 17; 2020

Tuesdays: 5:00 - 8:00 pm

Times & Location: 5-8 p.m. Continuing Education Building- room 6, unless notified of change

Instructor: Eva Wilson, RN
Course Cost: \$109
Maryland Senior Course Cost: \$99

Deadline to Register: October 28, 2020
Please register early. Class sizes are limited.

For more information, call Diana Folk, 301-784-5529.

You must submit a copy of the MD Board of Nursing website verifying your current active GNA and CMA status.

DON's- MBON requires that you submit the attached verification form (on your facility letterhead) for each CMA.

To register, send the registration form, payment, verification form and proof of current GNA & CMA status to:

Registration Specialist Allegany College of Maryland 12401 Willowbrook Road Cumberland, MD 21502

Or fax your registration and materials to 301-784-5023

## **Certified Medicine Aide Update**

Start date of medicine aide update course:
I,
(Print DON name)
Director of Nursing at
(Print name of facility)
certify that
(Print CMA's name)
has fulfilled the following requirements to be eligible to register for the Certified Medicine Aide (CMA) Clinical Update at Allegany College of Maryland:
1. The CMA has practiced for at least 16 hours as a CNA within the last two years;
2. The CMA has practiced as a GNA for eight (8) hours in a licensed nursing home within the two years immediately preceding the date of this clinical update;
3. The CMA has practiced as a CMA for 100 hours in these last two years immediately preceding the date of this clinical update.
Signature)

PLEASE PRINT ON FACILITY LETTERHEAD

Date

Director of Nursing

## Allegany College of Maryland Continuing Education & Western Maryland AHEC Registration Form





Mail to: Registration Specialist

Center for Continuing Education \* Allegany College of Maryland 12401 Willowbrook Road, SE \* Cumberland, MD 21502-2559

Phone: 301-784-5341 \* FAX: 301-784-5023

Make checks payable to: Allegany College of Maryland (Payment must accompany this registration)

PLEASE FILL	OUT BOTH	SIDES OF T	HIS FORM	COMPLETELY.
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## AHEC West Continuing Education Participant Information General Description of Profession: Please check the ONE that most closely describes your profession. \_\_\_ Nurse Midwife Allopathic Medicine Audiologist Nutritionist Occupational Health Specialist Chiropractor Community Health Worker Occupational Therapist **Dental Hygienist** Optometrist Osteopathic Medicine Physician **Dentist Epidemiologist Pharmacist** First Responder (EMT,paramedic,fire,rescue,HazMat) Physical Therapist Health Administrator **Podiatrist Health Education Specialist** Professional Counselor Health Information Systems/Data Analysis **Psychiatrist Health Professions Students Psychologist** Home Health Aide Public Health Specialist Marriage and Family Therapist Social Worker **Medical Assistant** Speech Therapist Nursing Assistant (certified) Veterinary Physician Other: Please Specify Below Nurse (licensed practice) Nurse (registered) **Nurse Practitioner** Please Answer BOTH the Hispanic/Latino and the Race Questions: Do you consider yourself Hispanic or Latino? Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino". \_\_\_ NO \_\_\_\_ YES Which of the following best describes you, even if you are Hispanic or Latino? American Indian or Alaska Native Asian (a person having origins in China, Philippine Islands, Japan, Korea, India, or Thailand). Underrepresented Asian (a person having origins in the Far East, Southeast Asia, or the Indian Subcontinent, but NOT Including China, Philippine Islands, Japan, Korea, India, or Thailand). Black or African American Native Hawaiian or Other Pacific Islander White More than One Race. Please specify if not listed above Do ANY of the below describe you/your background? YES \_\_\_ NO You were raised in a family or area that was economically disadvantaged You were/are physically disadvantaged (some handicap) You were raised in an area of geographic isolation (i.e., rural area) Your background includes special populations (teen mother; single parent; AIDS, aged family) You are from an area of resource scarcity (i.e., Health Professions Shortage Area – HPSA) Your community OR school has health careers information scarcity/information inaccessibility Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept

to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate

cooperation in the completion of this form.