

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)

Director of Nursing

Date

PLEASE PRINT ON FACILITY LETTERHEAD

AHEC West Continuing Education Participant Information

General Description of Profession: Please check the ONE that most closely describes your profession.

- | | |
|---|---|
| <input type="checkbox"/> Allopathic Medicine | <input type="checkbox"/> Nurse Midwife |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Occupational Health Specialist |
| <input type="checkbox"/> Community Health Worker | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Osteopathic Medicine Physician |
| <input type="checkbox"/> Epidemiologist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> First Responder (EMT, paramedic, fire, rescue, HazMat) | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Health Administrator | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Health Education Specialist | <input type="checkbox"/> Professional Counselor |
| <input type="checkbox"/> Health Information Systems/Data Analysis | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Health Professions Students | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Public Health Specialist |
| <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Nursing Assistant (certified) | <input type="checkbox"/> Veterinary Physician |
| <input type="checkbox"/> Nurse (licensed practice) | <input type="checkbox"/> Other: Please Specify Below |
| <input type="checkbox"/> Nurse (registered) | _____ |
| <input type="checkbox"/> 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".

YES NO

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.