



MEDICATION ADMINISTRATION

Program Description: Certified Medication Aide Course (30 Hours minimum)

This course that focuses on skills and knowledge required to calculate accurately and safely, measure, administer and document medications according to the guidelines specified by Assisted Living Facilities. the student must be able to read, write and have basic math knowledge required.

The course is a minimum of (30 hours) and it includes sixteen (16) Duty Areas. The duty areas are taught by both a Registered Nurse and a Licensed Pharmacist. All the duty Areas will be completed within 5 days. Students will also be required to complete 3 days of medication administration, also called med pass. The medication pass will be done in a state (Department of Health) approved Assisted Living facility.

CMA Course Eligibility

For a student to be eligible for the Medication Aide course, they must be **one of** the following:

- ✓ Certified Homemaker Home Health Aide (CHHA) in the state of NJ
- ✓ Certified Nurse Aide (CNA) in the state of NJ
- ✓ Personal Care Assistant (PCA) in the state of NJ

Enrolled students must

- Successfully complete a medication aide training program approved by the **New Jersey Department of Health (NJDOH)** before registering for the exam
- **Register for an exam within 3 months of completing of the training program**
- Pass the exam within 6 months of completing the training program
- Undergo a Criminal Background Investigation (CBI)

If you do not pass the exam within six months of completing the training program, you will be required to retrain. Final examination are conducted under PSI. For further information, click the link [New Jersey Medication Aide Registry and Testing Service](#) To take the exam, you must provide proof that you have an active certification as a CNA, CHHA or PCA. You will be required to bring your certificate with you to the exam.

For other information, visit NJ Department of Health [Licensing and Certification Credentials](#)



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Tuition and Additional Cost for Medication Aide Course

Program Title	Hours	Tuition	Administrative Fee & Tools (optional)	Books, Supplies & Licensing	Total
Medication Aide	Minimum of 30hrs	\$800.00	\$100.00 (Admin)	Books= \$100 Supply = \$0 Test fee= \$58 (Optional)	\$1,058.00
Medication Pass	3 days Med pass	Included in the tuition	NA	Template will be provided	

Supplies include stethoscope, sphygmomanometer, pulse oximeter, etc., and Transportation to skill site.

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Above and Beyond Care HealthSystem

1152 St George Ave, Suite 12 Avenel,

07001 NJ

Telephone_732-634-1057__ FAX_____

ENROLLMENT AGREEMENT

Email: contact@aboveandbeyondcarehs.com

STUDENTS LAST NAME_____ FIRST NAME_____

SOC.SEC NUMBER_____-_____-_____

ADDRESS: _____

TELEPHONE _____ EMAIL ADDRESS_____

PROGRAM TITLE: _____ TOTAL PROGRAM HOURS _____

START DATE: _____ END DATE: _____

CLASS SCHEDULE:

There is a non-refundable fee of \$____. This fee is not part of tuition. The tuition will cover the entire program. The student is responsible for __100____ percent of the total tuition payable on or before the first day of class. All tuition monies paid by the student will be refunded if the applicant cancels this contract within three (3) business days from the date of signing. This refund, less the registration fee, is applicable even if instruction has begun.

FEES:

Registration:	\$
Tuition:	\$
Books:	\$
Tools/Supplies:	\$
Others (Test/Licensing/Inoculation)	\$
Total	\$

The school has received the sum of \$_____ on _____, 20____ with a remaining balance of \$_____. This balance is to be paid within _____ installments beginning _____, 20____ and ending on _____, 20_____.



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Complaint/Dispute Resolution Policy

Students must submit written complaints to the school director within _____ days of event. The school director will notify the student, in writing, within _____ days of written complaint of the procedures that the student and administration will follow when resolving the student's concerns.

The student understands that regular attendance is the obligation of the student and the school's policy regarding absence and make-up as stated in the school catalog will apply. Violation of school rules and regulations may subject the student to dismissal. Above and Beyond Care HealthSystem post-training placement information is available at www.njtopps.com. In the event of an unannounced school closure, students enrolled at the time of the closure must contact the Department of Labor and Workforce Development's Training Evaluation Unit within ninety (90) calendar days of the closure. Failure to do so within the ninety (90) days may exclude the student from any available form of assistance. Please contact the Training Evaluation Unit via email at trainingevaluationunit@dol.nj.gov

The student, by signing this contract, acknowledges that he/she has read this contract and understands the terms and conditions and agrees to the conditions outlined in this contract. Signing of this contract by the school is written confirmation by the school that the above-named student has been approved to enter the above named program(s). This agreement is not binding until three business days after signing by both parties. The student and the school shall retain a copy of this agreement.

School Director's Signature

Date

Applicant's Signature

Date