

Checklist of requirements for NTC Medication Aide Program include (proof is required):

**TO BECOME A MEDICATION AIDE IN A NURSING HOME**

\_\_\_ Employed in a facility as a State Tested Nursing Assistant and listed on the Ohio Nurse Aide Registry if the applicant is to function as a certified medication aide in a nursing home (Ohio Administrative Code 4723-27-04 (3))/proof from registry or other facility with phone number & proof of identification

\_\_\_ A high school diploma, GED or High School equivalent (with transcripts from high school, high school equivalency program GED program).

\_\_\_ Provide proof of current American Heart Association CPR certification (Provided in medication aide program if you do are not currently certified)

\_\_\_ Provide proof of current American Heart Association First Aide course (Provided in medication aide program if you do are not currently certified)

\_\_\_ **OR have** current AHA Heartsaver First Aid CPR AED (offered at no additional cost with this course)

\_\_\_ BCII and FBI fingerprint background check direct copy submitted to the Ohio Board of Nursing and a copy to Nursing Training Center. Proof the background check has been completed by the 3<sup>rd</sup> day of classes. Results from both checks (FBI and BCI must be back before continuing on to your clinical rotation)

\_\_\_ Proof the criminal records check has been completed by the 3<sup>rd</sup> day of class. Results can take over 30 days to be returned. Student cannot attend clinicals until NTC receives the results and no disqualifying offenses are on them.

\_\_\_ Not be ineligible for licensure or certification as specified in section 4723.092 of the Revised Code (see Nursing Administrator with questions). Please see the list of possible disqualifying offenses.

\_\_\_ Able to read, write, speak and understand English as evidenced by a required admission test for the program with passing scores.

\_\_\_ Free from communicable diseases, in suitable emotional and physical health as evidenced by obtaining a physical (forms available at the school). Be able to lift 50 pounds.

\_\_\_ Complete a two-step tuberculin test or negative chest x-ray.

\_\_\_ OR provide a copy of original 2 step and get a one-step tuberculin test

\_\_\_ Covid-19 Vaccine series and Boosters as required by law to be fully vaccinated (see CDC guidelines)

\_\_\_ Annual nurse aide skill checkoff from current facility or nurse aide skills checkoff sheet completed

\_\_\_ Certificate of professional liability (malpractice) insurance. This may be purchased through an insurance agency or from Nurses Service Organization at 1-800-247-1500 or www.nso.com or fax # 1-800-739-8818. Apply for insurance as a student nurse or nurse aide- not student nurse aide.

\_\_\_ For an individual currently employed at an Assisted Living facility or in a long-term care facility, a letter of recommendation will be required. It can be from a supervisor, Director of Nursing, or Administrator. NTC may contact your supervisor for a reference. For those not employed currently in a nursing facility, a letter of recommendation can be submitted to NTC from a previous long-term care employer.

\_\_\_ Be of good moral character

\_\_\_ Signed agreement about refund policy

\_\_\_ Be at least 18 years of age/copy of driver's license or identification card

\_\_\_ Copy of Social Security Card—Take original card with you when take state test

**FOR INDIVIDUALS WITH EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES, OR IN THE NATIONAL GUARD OR IN A RESERVE COMPONENT: RULE 4723-27 (C) (12), OAC**

\_\_\_ (a) NTC will review the individual's military education and skills training;

\_\_\_ (b) NTC will determine whether any of the military education or skills training is substantially equivalent to the curriculum established in Chapter 4723-27 of the Administrative Code;

\_\_\_ (c) NTC will seek to award credit to the individual for any substantially equivalent military education or skills training

**TO BECOME A MEDICATION AIDE IN AN ASSISTED LIVING FACILITY**

\_\_\_ Have at least one year of direct care experience in a residential care facility if the applicant is to function as a certified medication aide in a residential care facility/Assisted Living (Ohio Revised Code 4723-27-04 (4b). Proof of employment required and...

\_\_\_ **AND** Documentation on official letterhead from an Assisted Living Facility that you have been employed there as a Nurse Aide or Resident Assistant the equivalent of twelve months or more of full-time employment in the five years preceding clinicals in a facility or residential care facility.

\_\_\_ Recommended: Successfully complete a Nurse Aide competency program and evaluation (see the 8-hour online training with in person checkoff if not currently a nurse aide/if information available).

\_\_\_ Not be ineligible for licensure or certification as specified in section 4723.092 of the Revised Code (see Nursing Administrator with questions)

\_\_\_ Provide proof of current American Heart Association CPR certification

\_\_\_ Provide proof of current American Heart Association First Aide course.

\_\_\_ **OR have** current AHA Heartsaver First Aid CPR AED (offered at no additional cost with this course)

\_\_\_ Certificate of professional liability (malpractice) insurance. This may be purchased through an insurance agency or from Nurses Service Organization at 1-800-247-1500 or www.nso.com or fax # 1-800-739-8818. Apply for insurance as a student nurse or nurse aide- not student nurse aide.

\_\_\_ BCII and FBI fingerprint background check direct copy submitted to the Ohio Board of Nursing and a copy to Nursing Training Center. Proof the background check has been completed by the 3<sup>rd</sup> day of classes.

\_\_\_ Proof the criminal records check has been completed by the 3<sup>rd</sup> day of class. Results can take over 30 days to be returned. Student cannot attend clinicals until NTC receives the results and no disqualifying offenses are on them.

\_\_\_ Able to read, write, speak and understand English as evidenced by a required admission test for the program with passing scores.

\_\_\_ High School Diploma or GED or High School equivalent (with transcripts from high school, high school equivalency program GED program).

\_\_\_ Social Security Card

\_\_\_ Drivers license or other form of identification to verify age 18 or over.

\_\_\_ Free from communicable diseases, in suitable emotional and physical health as evidenced by obtaining a physical (forms available at the school). Be able to lift 50 pounds.

\_\_\_ Complete a two-step tuberculin test or negative chest x-ray.

\_\_\_ OR provide a copy of original 2 step and get a one-step tuberculin test

\_\_\_ Covid-19 Vaccine series completed and boosters as required by law

\_\_\_ Be of good moral character

\_\_\_ For an individual currently employed at an Assisted Living facility or in a long-term care facility, a letter of recommendation will be required. It can be from a supervisor, Director of Nursing, or Administrator. NTC may contact your supervisor for a reference. For those not employed currently in a nursing facility, a letter of recommendation can be submitted to NTC from a previous long-term care employer.

\_\_\_ Standard watch with a second hand (no Apple watch or similar for clinicals)

\_\_\_\_\_ Drug Book

Additional Information:

NTC reserves the right to reschedule or cancel any course that does not meet our minimum enrollment requirements.

Registration forms, copies of required documents, and admission exam must be successfully completed before the start of class.

**Refund policy:** If you decide to cancel attending class prior to two weeks before the first day of class, a full refund will be given. If you cancel during the two weeks before the first day of class, no refund will be given but a partial credit (\$400) toward future classes (if all books and supplies are returned that are loaned during registration) will be given. If you drop the class/cancel attending the class on the first day of class or after, no refund or credit will be issued.

Please see all policies and forms included: in your student binder, on the training programs website: [nursingtrainingcenter.com](http://nursingtrainingcenter.com) or contact the instructor at [contactus@nursingtrainingcenter.com](mailto:contactus@nursingtrainingcenter.com)

Other items to be completed in course and submitted:

\_\_\_\_\_ Midterm Independent Practice Form

\_\_\_\_\_ Final Independent Practice Form

\_\_\_\_\_ Shadowing Form

\_\_\_\_\_ 25 Drug Cards

\_\_\_\_\_ Final Skills Checkoff

\_\_\_\_\_ Student Clinical Evaluation

\_\_\_\_\_ Evaluation of Course (MA-C)

\_\_\_\_\_ Payment for Course required before final exam

\_\_\_\_\_ Practice Medication Cart returned

\_\_\_\_\_ Practice MAR returned

\_\_\_\_\_ Books returned



