NTC Train a Trainer Workshop: Guidance for Nurses on starting and/or teaching the

Ohio Certified Medication Aide Program in LTC and AL Facilities

Registration Form

Today’s Date\_\_\_\_\_\_\_\_\_\_\_ Virtual Program Date\_\_\_\_\_\_\_\_\_\_In-Person workshop date:\_\_\_\_\_\_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title.:\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_

Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If applicant is paying a deposit by cash or money order, a receipt will be issued immediately after processing. No personal checks accepted.

\*Registration/tuition ($1,700) for the facility RN Nurse Administrator and $1200 for the RN instructor working under the direction of the facility RN Nurse Administrator. Class size is limited; applications will be reviewed and approved on a first-come, first-serve basis. The course is for nurses currently working in and planning on training in their LTC or AL facility only. To secure your place in the course, please have this registration form with entire payment in at least two days prior to class. Please mail money order or facility check (no personal checks) to: Nursing Training Center, LLC. 2416 Esquire Drive, Suite C, Beavercreek, OH 45431. Review the eligibility for the course and your items to be completed form. Refund policy: If you decide to cancel attending the workshop prior to two weeks before the first day of the course, a full refund will be given. If you cancel during the two weeks before the first day of course, no refund will be given but a partial credit ($850) toward future classes. If you drop the course/cancel attending the workshop on the first day or after, no refund or credit will be issued.

\*NTC reserves the right to reschedule or cancel any course, reasons include registration does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement to transference, upon presentation of receipt. All missed time must be made up to receive credit for the course and a certificate of completion. Arrangements for make-up time are the responsibility of the student and may include paying instructor an additional fee.

Nurse Administrator/Program Coordinator (Sherri Gunasekera at 937-776-2344).

Eligibility for the course:

(a) A registered nurse who has held a current, valid Ohio license to practice registered nursing for a *minimum of two years*, to serve as the program administrator;

(b) A nurse who has had, within the past five years, *at least one year of experience* in providing nursing services as a registered nurse or licensed practical nurse in a nursing home or a residential care facility; (for supervising clinicals)

(c) A nurse with education or experience in adult instruction which may include completion of an approved train the trainer course *or experience*; (for clinicals)

(d) A nurse who shall serve as supervisor of the clinical component; and

(e) A registered nurse who shall teach the didactic and laboratory component of the training program.

A nurse currently employed in the nursing home or AL facility that will be providing the training at. Verification of employment required.

\*By signing below, I understand the information on this form. A Train a Trainer workshop certificate of completion will be given upon completion, *not* a Train the Trainer certification. The program is not approved by OBN or ODH. This workshop is for general guidance on how to start and teach an Ohio medication aide program in AL or LTC facilities. ***It is not required*** to start or teach a Medication Course. Be aware that the information provided is effective for the current training cycle and all rights are reserved on materials provided. The training materials are property of your facility and not to be shared with others outside of your facility without NTC permission. By signing this form, you agree to a non-compete clause and will not train the public using the information provided (curriculum, syllabus, etc) in the workshop if you are using the program in a facility within 60 miles from Beavercreek, OH. Ohio curriculum and skills may change. It is important for the nurse taking the workshop to stay up to date on the Ohio Administrative Code Medication Aide regulations and Ohio Medication Aide skills for state testing. No guarantee that the participants program submitted to the Ohio Board of Nursing will be approved. End results depend on the individual.

\* NTC does not discriminate on the basis of race, color, national origin, religion, sex, or disability with regard to admission, access, or treatment.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff:\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Received:$\_\_\_\_\_\_\_\_\_\_\_\_Receipt #:\_\_\_\_\_\_\_\_\_\_

Check:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Money Order\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other