

Nursing Home Medicine Aide

The purpose of this course is to prepare nursing home aides for the safe preparation (pouring), administration, and charting of non-parenteral medications. Content includes medications, their usage, dosage, and side effects.

This course has been approved by the Maryland Board of Nursing.

Prerequisites: Because of the serious nature of the tasks to be performed, participants are required to present evidence of having met the following criteria:

- Have at least one year experience as a Nursing Assistant in a Maryland Skilled Care or Intermediate Care facility.
- Be currently employed in a Maryland Skilled Care or Intermediate Care facility.
- Be licensed as a Geriatric Nursing Assistant.
- Have experience in basic patient care procedures.
- Provide written evidence of employment status from Director of Nursing and/or Administrator of employing agency and a letter from Director of Nursing *recommending* participant for the class.
- Demonstrate successful achievement on a standardized test assessing reading and mathematical skills.

Includes 39 hours of lecture and 36 hours of clinical experience for a total of 75 clock hours.

Textbook is required, is included and will be distributed at the first class session.

Limit of 8 students.

Determination of successful completion is at the sole discretion of the instructor.

INSTRUCTOR: Deb Savage, RN

LOCATION: ACM Continuing Education building *and* Frostburg Village Nursing & Rehab Center

CLASSROOM LECTURE:

February 23 - April 6

Monday & Wednesday (13 sessions)

5:00 -8:00 p.m.

Lecture will be in room CE-6 all dates except

March 16 & 23; those dates it will be in CE-18.

CLINICAL:

April 13 - May 7

Monday-Wednesday-Thursday (12 sessions)

6:30 – 9:30 p.m.

PRETESTING:

Call Student Support Services at Allegany College of Maryland to schedule **required** Math and Reading pretests, 301-784-5554. Please indicate you are testing for the Medicine Aide Course. **There is no charge for this testing.**

REMEMBER:

Please include a copy of the following when registering:

1. Letter of recommendation from nursing home DON with verification of one year work experience.
2. Copy of MD Board of Nursing website verifying current active GNA status.

Current completed physical exam form will be required before beginning clinical.

REGISTRATION AND TUITION:

CHE 659 Medicine Aide I

TOTAL FEES: \$319

Includes tuition, registration and book.

CHE 660 Medicine Aide Clinical

TOTAL FEES: \$219

TOTAL FOR CLASSROOM AND CLINICAL: \$538

Total for Maryland Senior Course Cost: \$508.00

For information, please call Kathy Condor, Health Continuing Education, 301-784-5526

ALLEGANY COLLEGE OF MARYLAND CONTINUING EDUCATION REGISTRATION FORM



Center for Continuing Education

Mail to: Registration Specialist
 Center for Continuing Education * Allegany College of Maryland
 12401 Willowbrook Road, SE * Cumberland, MD 21502-2596
 PHONE: 301-784-5341 * FAX: 301-784-5023

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

SOCIAL SECURITY # (optional) LAST NAME FIRST MI

STREET ADDRESS

CITY OR TOWN COUNTY STATE ZIP CODE

Birthdate

--	--	--

Month Day Year

HOME PHONE

BUSINESS PHONE

Male Female

FAX PHONE

EMAIL ADDRESS

How were you informed of this course offering?

- Catalog Brochure Newspaper
 Employer Website/Email Friend

Are you taking this for: Work/Professional Personal Development

Signature _____ Date _____

(I certify that the information on this form is correct. Must be signed and dated to be official.)

Course #	Course Title	Begin Date	Time	Course Cost
CHE659	Medicine Aide 1: Classroom	2/23/15	5 - 8 PM	
CHE660	Medicine Aide: Clinical	4/13/15	6:30 - 9:30 PM	
TOTAL COSTS				\$

If your employer is paying, please provide the information below.

AGENCY'S NAME CONTACT PERSON

STREET ADDRESS CITY OR TOWN STATE ZIP CODE

TELEPHONE NUMBER FAX NUMBER

FOR CREDIT CARD USE ONLY Visa Mastercard Discover Card

Account No. _____ Date of Expiration _____ V.Code _ _ _

REGISTRATION OFFICE USE ONLY Amount Paid _____

Date Received _____ Initials _____

Cash Credit Card
 Check Bill To