



AFFIRMATION

Certified Medication Aide Training Exception

Please indicate your answer by checking the correct box for each statement:

310:677-13-8. Certification and recertification

- (a) The following, to be evidenced by the aide's attestation, are prerequisites for certification as a medication aide:
- | | | |
|--|------------------------------|-----------------------------|
| (1) Minimum age: 18; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Minimum education: high school or general equivalency diploma; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Current Oklahoma nurse aide certification with no abuse notations; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Experience working as a certified nurse aide for six months; and | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Physical and mental capability to safely perform duties. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

To be eligible for a training exception to test for placement on the Oklahoma Nurse Aide Registry as a Certified Medication Aide, the applicant must complete training that is equal to or greater than forty (40) hours of training as required in **Chapter 677 at 310:677-1-3 (c), 310:677-1-3(f)(3) and 310:677-13-4(a) and (b).**

The attached CMA curriculum training outline must be completed and signed by the licensed nurse instructor or licensed nurse coordinator, affirming completion of classroom/lecture/lab training.

In addition, 16 hours of supervised practical training under the direct supervision of a registered nurse or licensed practical nurse are required. The applicant must demonstrate proficiency in the identified skills as required at **310:677-3-8(a) (1-2)**. The attached Skills Performance Check List must be completed and signed by the applicant and licensed nurse affirming completion of the skills identified at **310:677-13-4(b)(1)(D-J)**.

Oath of Truthfulness

By my signature below, I affirm I have received the above required training that is equal to or greater than forty (40) hours of training as required at 310:677-13-4(a-b) and I meet the prerequisites as required at 310:677-13-8(a).

Signature of Nurse Aide Applicant

Date

Printed Name of Applicant

Please attach this completed original form with the Training Exception Application (ODH Form 832), and the \$15.00 Non-refundable processing fee (No fee for LTC) and other required documents as requested on the application.