

Guidance for Completing the Application for Pandemic MAs Transitioning to MA-40 Hour

- Prior to working in a nursing facility or assisted living community as a Pandemic (temporary) Medication Aide (PMA), you should have completed a (non-40 hour) Medication Aide (MA) application and submitted it to the Nebraska Department of Health and Human Services along with your \$18 fee.
- Once you have completed the PMA Transition Course and passed the state test, you must submit a new application in order to be placed on the MA-40 Hour Registry and continue to work in your facility after Dec. 31, 2022, however, you do not need to resubmit the \$18 fee.
- Please follow the guidance on the following slides to ensure your MA-40 Hour application is completed correctly.

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health & Human Services
Division of Public Health, Licensure Unit
Office of Nursing & Nursing Support
PO Box 94986
Lincoln NE 68509-4986
Phone: (402) 471-4322

Application for Medication Aide Registration

Reminder: *Include a check/money order for the \$18 non-refundable registration fee.
Make payable to DHHS Licensure Unit.*

You do NOT need to include \$18 because you should have already submitted a fee when you registered as a (temporary) medication aide.

Section 5: Documentation of Competency Assessment

This is to certify that _____ has successfully demonstrated competency in the following areas: (Print Medication Aide Applicant's Name)

Demonstrated the ten (10) competencies as identified in Nebraska Revised Statute §71-6725

1. Maintaining confidentiality,
2. Complying with a recipient's right to refuse to take medications.
3. Maintaining hygiene and current accepted standards for infection control,
4. Documenting accurately and completely,
5. Providing medications according to the five rights,
6. Having the ability to understand and follow instructions,
7. Practicing safety in application of medication procedures,
8. Complying with limitations and conditions under which a medication aide may provide medications,

9. Having an awareness of abuse and neglect reporting requirements, and
10. Complying with every recipient's right to be free from physical and verbal abuse, neglect, and misappropriation or misuse of property.

Demonstrated providing routine medications by the routes identified in Title 172, NAC 95-005.01

1. Oral (mouth, sublingual, buccal, sprays),
2. Inhalation (inhalers, nebulizers, oxygen),
3. Topical (sprays, creams, ointments, lotions, transdermal patches), and
4. Instillation (drops, ointments, and sprays in eyes, ears, and nose)

Must be signed and dated by and include the license number and the place of employment of the nurse who assessed your competencies at your facility.

Signature of Licensed Health Care Professional Profession Professional License # Date competency completed

Place of employment of Licensed Health Care Professional Telephone number

Medication Aide 40-Hour Course Completion – According to Nebraska Revised Statute §71-6725(4) to work in assisted living facility, a nursing home, or an intermediate care facility for persons with developmental disabilities, the applicant must have completed a 40-hour course. Please complete the following as documentation of course completion if the applicant wishes to be authorized to work in these settings.

Please enter **“NHCA’s Medication Aide Transition Course”** here.

Name of College or Facility Providing the Training Program _____

_____ Date of Completion

Must be **signed** and include the **license number** of the **nurse who provided your training at your facility.**

Instructor’s Signature _____

_____ Profession and License Number