



Correctional Medication Aide (CMA)

Application Packet

Cisco College
717 E. Industrial Blvd. Abilene, TX
79602
workforce@cisco.edu

The Correctional Medication Aide Program fills on a first come first serve basis. You must have the packet completed and turned in for your place in the program to be held. Once accepted in the program, your managed care employer will make payment on your behalf, for tuition and examination fees.

Program Information

Program Description

This is a 140-hour course that includes lecture, clinical components, and prepares students to take the State of Texas examination to become a Medication Aide. The class will provide the necessary information and skills to prepare students to become a Texas State Medication Aides and work in health care facilities where you will assist under supervision of a nurse. Med aide perform basic care functions such as; administering, control, accountability, storage and safeguarding of medications, assisting nurses with medical equipment, and checking patients' vital signs under the supervision of a Licensed Vocational Nurse (LVN) or a Registered Nurse (RN).

Certificate

Upon successful completion of the Texas Medication Aide Training program and the state examination, students become Texas Medication Aide. Texas Medication Aides are under the jurisdiction of the Texas Departments of Aging and Disability Services (DADS) and take the State Medication Aide Assessment Program Exam. Program is accredited by HHSC, Texas Workforce Commission of Texas Higher Education, Texas Health and Safety Code, Chapter 242, sub Ch. N., Texas Gov. Code 501.1485, Texas Human Resource Code 161.083.

Course Objectives

This program provides students with a level of knowledge, skills, theory, concepts, and abilities essential to provide safe care to patients.

You must successfully complete the medication aide training program, which includes:

- 100 hours of classroom instruction and training
- 20 hours of returned skills demonstration laboratory
- 10 hours of clinical experience, including clinical observation and skills demonstration under the direct supervision of a licensed nurse in a facility, and 10 hours in a return skills demonstration laboratory.

Upon completion of this program, students will be able to: with the use of reference material

- Provide procedures for prep and administration of medications.
- Responsibility, control, accountability, storage, and safeguarding of medications;
- Support and promote the rights of residents.
- Documentation of medications in resident clinical record, includes PRN medications;
- Minimum licensing standards for facilities covering pharmaceutical services, nursing/clinical services
- Demonstrate skill in observing and reporting and function effectively as a member of a health care team

Admissions Requirements

Individuals must meet the following requirements for admission into the Cisco College Medication Aide Program.

- ❖ Students MUST complete the Cisco College Enrollment Application (Go to www.cisco.edu. Select ADMISSIONS. Complete the online application. List Continuing Ed Non-Credit when asked what is your intended Program/Major.)
- ❖ Able to read, write, speak and understand English
- ❖ Have earned a high school diploma, GED, or High School Equivalency Certificate
- ❖ Be a minimum of 18 years of age
- ❖ Free of communicable diseases and in suitable physical and emotional health to safely administer medications
- ❖ Employed in a correctional facility or by a medical service contractor for a correctional facility on the first day of an applicant's medication aide training program, and have agency administrator approval.

Class Schedule

The Correctional Medication Aide program is 8 weeks; you cannot miss more than 8 hours or you will be dropped without a refund. Class dates and times subject to change.

All students will need access to Canvas. <https://ciscocollege.student.com/courses>

Class Dates Offered:

Expected course date: November 1st, 2022 Deadline for all requirements is October 17th, 2022.

Registration Deadline:

- Recommended 10 students to start a class and is limited to 20-25 students. Registration closes when the limit is reached
- 5-7 days prior to the first day of the class

Refund & Absence Policy

- Once payment is received, there will be no FULL refund
- NO refund will be given on or after the first day of class
- A PARTIAL refund of \$800 will be given if a withdraw request is received TWO WEEKS before the first day of class. This amount excludes expenses incurred for Cisco College: DPS Background Check \$25
- After the TWO WEEK Deadline a PARTIAL refund of \$300 will be given.
- Withdraw requests must come directly from the student to his/her designee. A withdraw request form will be completed by the person making the request. The official receipt date is the day and time the request is received. All refunds are paid by check to the student regardless of the method or source of original registration payment. Please allow 4-6 weeks for the refund check to be processed and mailed to the address given at the time of registration. If there has been an address change, please provide the correct address with the withdraw request.
- A FULL refund will only be given if the college must cancel the class.
- Any student that misses 8 OR MORE HOURS of class will be dropped from the program with no refund.

Correctional Medication Aide Application Process

Deliver Completed Application Packet to:

workforce@cisco.edu

You will receive a follow up email with updates once your Packet has been processed and reviewed

Please Remember When Registering:

- Incomplete packets will NOT be taken
- You must not have any holds or outstanding balances on you Cisco College Student Account (this must be taken care of with the Business Office and Admissions Office)
- Register for the course online with Cisco College.

<https://www.cisco.edu/degrees-programs/certificate-programs/certified-medication-aide>

MEDICATION AIDE REGISTRATION FORM

Date: _____

Email Address: _____

First Name:	Last Name:	MI:	
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Student ID NO: _____

(must have a student ID for course enrollment)

COURSE TITLE	COURSE CODE	COURSE DATE	FEE	PAYMENT DATE

Mailing Address

City

State

Zip Code

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Primary Phone #

Alternate Phone #

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Date of Birth

Driver's License #

Social Security #

Circle Gender: Male or Female

Select one: Hispanic/ Latino or Non-Hispanic/ Latino

Ethnic group: WHITE BLACK/AFRICAN AMERICAN INTERNATIONAL
 ASIAN/ORIENTAL/PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE
 Hispanic/ Latino or Non-Hispanic/ Latino Other:

This information will be used in a non-discriminatory manner consistent with applicable civil rights laws, Cisco is an Equal Opportunity. Cisco College does not discriminate on the basis of gender, disability, race, color, age, religion, national origin, or veteran status.

PHOTO RELEASE AUTHORIZATION

(Only in the event class-related pictures are taken)

I acknowledge and consent to the use of my photograph by Cisco College in any and all publications, advertising, or website and waive any rights to compensation in any form. Cisco College is not required to obtain my permission to reuse or republish this photograph in the future. I understand that the photo(s) if used will be for promotion purposes for Cisco College, and I waive any claim to financial remuneration for the use of these photo(s).

Student Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Address: _____

Payment Agreement Form Correctional Medication Aide

Third Party Payer Information:

Payer Name:	TTUHSC – Managed Care
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Phone #:	806-743-3810
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Amount:	\$820 (tuition and exam fees)
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Email Address:	adria.hatley@ttuhsc.edu
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Rep:	Adria Hatley
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Cisco College

Liability Release Form

In consideration of being allowed to enroll in the Cisco College Medication Aide Program clinical rotation courses, I hereby affirm that regardless of my immunization status, I do hereby release, discharge, and covenant not to sue Cisco College, its governing board, its employees, instructors, agents, and representatives (the “released parties”) from all liability whatsoever to me for personal injury, damage, wrong, or wrongful death caused by negligence or gross negligence or by any statutory violation, or caused by my contracting any contagious disease whatsoever, including injuries or diseases caused by “sharp” cuts, needle sticks, or exposure to patients or their bodily fluids or respirations. I expressly hereby discharge and release the said released parties above named from any claim, demand, cause or action or damage of any description in any way related to my contracting of infectious diseases and by my obtaining or failing to obtain immunizations against these diseases. This release will be applicable to damages sustained by me in any way related to my contracting infectious diseases and my obtaining or failing to obtain immunizations against these diseases. This release will be applicable to damages sustained by me causes by the joint or concurrent negligence of the released parties, even if they are discharged or protected against their own negligence.

I further state that I am of lawful age and legally competent to sign this waiver and release of liability; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER AND RELEASE OF
LIABILITY BY READING IT BEFORE I SIGNED IT.**

Printed Name: _____

Student Signature: _____

Date: _____

Cisco College
Essential Requirements for Health Professions Programs

The following essential functions are the essential non-academic requirements that you must meet to successfully complete the clinical rotation and become employable. The following list provides the information you need to be able to assess your own health and ability to complete the course successfully. **You must be able to participate not only in classroom portion of the course, but also complete clinical rotations in healthcare settings in ways that will not endanger your safety or the safety of patients.**

- **Visual and Interpretative Skills:** You must be able to effectively read unassisted both written material and computer data correctly and perform procedures that require eye-hand coordination. You must also be able to discriminate colors.
- **Auditory Skills:** You must be able to hear alarms that are used to signal fire or other emergencies. You must be able to hear and understand to a level that allows you to effectively interact with other medical personnel and patients.
- **Communication Skills:** You must be able to effectively communicate with other medical personnel and patients in both written and oral format. You must be able to understand and apply standard operating procedures effectively during training, in clinical, and in the entire work environment.
- **Motor Skills:** You must be able to perform procedures that require eye-hand coordination. You must be able to sit, stand, and walk corridors for prolonged periods of time. You must be able to tolerate wearing protective gloves and other personal protective equipment such as masks and respirators. You must be able, without assistance, to write legibly and transcribe data correctly.
- **General Physical Health:** Your general health must be such that you can perform light to heavy physical activity and have a healthy enough immune system that will protect you from exposure to various disease processes.
- **General Mental and Emotional Health:** Your general mental health must be such that you can maintain attention to detail and interact effectively with other medical personnel and patients. You must be able to maintain self-control in stressful situations and retain a professional demeanor.

Cisco College is committed to providing accommodations for students with special needs in the didactic portion of the course, and all reasonable accommodations will be made to help you succeed. **In general, clinical affiliates will not allow students into clinical rotation if an individual cannot fulfill the essential requirements unaided.**

Student Signature: _____ Date: _____

CRIMINAL HISTORY
IMPORTANT DISCLOSURE, AGREEMENT, AND AUTHORIZATION

Student Name: _____

Student Address: _____

Field of Study/Course Title: _____

Have you been convicted of a crime other than minor traffic violation? Yes _____ No _____

Student has requested admission or has been admitted to Cisco College to seek a degree or certificate in the above field of study. A portion of the curriculum which the student must complete involves clinical rotation or observation at a hospital or health care facility. If student completes the field of study and obtains the degree or certificate sought, student might have to be licensed or certified by the State of Texas or other jurisdiction before student can be employed in his/her chosen field.

Before beginning or continuing student's field of study at Cisco College, student should be aware that a criminal record may have adverse consequences on student's ability to reach student's ultimate goal of certification/licensure and employment.

For instance, student may not be able to complete clinical rotations or observations if student has a criminal record. Likewise, such a record may prevent student from being licensed, certified, or employed. A criminal background check may and probably will be required in connection with student's clinical rotation/observation, licensure/certification, and employment.

Cisco College and its faculty, officers, and employees cannot determine with certainty whether student's criminal record, if any, will have any adverse effect on student's ability to complete the field of study, obtain the degree sought, be licensed/certified, or be employed.

Student understands that the decision as to whether the student can attend clinical or observation at a hospital or health care facility, obtain certification, and be employed by a health care provider is the decision of the hospital, health care facility, or certifying agency.

Student Signature: _____ Date: _____

Please read the following carefully. By signing below, you acknowledge that you understand the following procedures of Cisco College and the Cisco College Correctional Medication Aide Program.

****Please initial beside each statement after you have read and understand them****

___ I have read and understand the Refund and Absence Policy for Cisco College and Cisco College Certified Nurse Aide Program.

___ I have read and understand the Cisco College Correctional Medication Aide Program Admission Requirements and agree to release the necessary information to be considered eligible for admission into the program.

___ I understand that my position in the Correctional Medication Aide Program can only be obtained and kept by having a completed packet and payment turned in to the Cisco College Workforce Team.

___ I understand that it is my responsibility to acquire and turn in all the necessary information for the Cisco College Medication Aide Program and if I do not then I am not allowed to enter into the program.

___ I am aware that any criminal history may make me ineligible for an occupational license upon program completion (HB 1508/Texas Occupations Code Section 53).

___ I have read and understand the Essential Requirements for Health Professions and acknowledge that I am able to perform all the tasks required by a Medication Aide or other health professional.

I, _____, acknowledge that I have read and understand that the above statements are true.

Student Signature: _____ Date: _____