

FOR OFFICE USE ONLY

Date Received

Receipt #

ID #

Issue Date

License #



Rhode Island Nursing Assistant Advisory Board

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For License As A Medication Aide

By Certification

NA license # _____

Expiration Date _____

OFFICE USE ONLY

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

DO NOT REMOVE THIS PAGE FROM APPLICATION

Phone: (401) 222-5888

TTY/TDD: (800) 745-5555

Fax: (401) 222-6683

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$35.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE; and
- Copy of Driver's License or State Issued ID
- Copy of high school diploma or GED
- 3 Completed and signed Medication Aide Technique Evaluation Checklists (enclosed in this application)
- Original** BCI (Background Check) with stamp and seal from the RI Attorney General's Office **only**. For information on this process please visit their website at <http://www.riag.ri.gov/BCI>. If positive BCI, a detailed explanation is required. BCI must be dated within 4 months of the date of this application.
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

12. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Medication Aide in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Nursing Assistant Advisory Board of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

**You are required to have three (3) checklists completed
 Checklists must be from three (3) different dates.
 You must use this form; no other forms will be accepted.**

Medication Aide Technique Evaluation Checklist

MEDICATION(s)	Yes	No	Remarks
1. Understands the order as written on medication sheet and med card.			
2. Brings med sheet or card to med room, closet or cart.			
3. Washes hands.			
4. Identifies medication container with med sheet or card.			
5. Removes medication from shelf or cart.			
6. Compares medication label with med sheet or card.			
7. Determines dosage and proper amount of medication to pour.			
8. Pours without touching medication.			
9. Keeps poured medication and med sheet or card together.			
10. Returns medication to shelf or cart.			

LIQUID MEDICATION(s)

11. Proceeds as for oral medication Items #1 - 8 above.			
12. Holds medication with label turned toward palm of hand.			
13. Holds med cup with liquid at eye level to measure.			
14. Wipes bottle before returning to shelf or cart.			
15. Locks medication room, closet or cart when done.			

INPATIENT AREAS

16. Identifies patient thoroughly.			
17. Offers medication and water.			
18. Remains with patient until medication is swallowed.			
19. Charts correctly.			

GENERAL COMMENTS:

SIGNATURES:

Date Completed: _____

RN Name: _____ **RN License Number:** _____

RI Licensed Facility Name: _____

RI Licensed Facility License Number: _____

Medication Aide Name: _____

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