



Continuing Education Allied Health  
200 Parker Court, League City, TX 77573  
409-933-8645, [www.com.edu/ce](http://www.com.edu/ce)

Dear Prospective Student,

Thank you for your interest in the **Medication Aide Certificate Program** at College of the Mainland. Consideration for acceptance into the program is based on submitting your completed application.

### **What is a medication aide?**

Certified nurse aides who have a strong grasp of basic patient care can further their education to become a certified medication aide. A medication aide's role includes but is not limited to:

- Providing routine daily medication to patients both oral and topical (such as cream and eye medications).
- Ensuring that the patient actually swallows the medication administered to them. (This is extremely important for dementia patients or uncooperative patients.)
- Reporting any changes in patient vitals, behavior or other adverse effects from medication.
- Fulfilling duties and responsibilities of the CNA role.

Preparing students to flourish in a demanding role, the COM Certified Medication Aide Program includes a combination of classroom and clinical instruction. Students explore every system of the body from cardiovascular to skin and learn about auto immune diseases and Alzheimer's. COM's instructors are registered and licensed registered nurses who teach from their experience. The COM program follows curriculum established by the Department of Aging and Disability Services and prepares students to pass the written state certificate exam.

Students can use the program as a stepping-stone to gain a promotion at their current place of employment or to further their education toward becoming a licensed vocational nurse.

### **Do I need a high school diploma or GED?**

Yes, a high school diploma or GED is **required** to participate in the Medication Aide Certificate Program and may be required for financial aid application as well as employment at various nursing and medical facilities.

### **How do I begin?**

Interested students must apply to the Medication Aide Certificate Program by submitting, in person, all required application documents to the CE Allied Health Department located at 200 Parker Court, League City, TX 77573. **Please note: Incomplete applications are not accepted.** Also, approval of an application does **not** guarantee a student a place in the class – it only gives the ability to register if space is available. Please call Nichole Sullivan at 409-933-8645 if you have questions.

### **Registration**

Only applicants that have been approved for the program will be allowed to register. Registration with an approved form **must** be done in person through the CE Office located at the main Texas City campus, 1200 Amburn Rd. TVB-1475, Texas City, TX 77591. For more information please call 409-933-8586. Registration is on a first-come, first-served basis. Classes may be closed due to maximum enrollment or be cancelled without notice. Therefore, students are encouraged to register early.

### **Criminal Background Checks**

Please be advised that as part of the state requirements for successful completion of the Certified Nurse Aide Program, **clinical rotations in a DADS (Department of Aging and Disability Services) approved**

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**facility are mandatory.** Because of this, we adhere to the guidelines set forth in the *Health and Safety Code; Title 4. Health Facilities; Subtitle B. Licensing of Health Facilities; Chapter 250. Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities, or Persons with Terminal Illnesses; Sec. 250.006.* Convictions Barring Employment ([www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm](http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm)) Chapter 250, Health and Safety Code, requires that persons convicted of certain crimes may not be employed in direct contact with an individual in specified facilities and agencies providing care to the aged and disabled. Criminal history checks are required for providers listed below:

- Nursing home, custodial care home, or other institution licensed by the Department of Aging and Disability Services (DADS) under Chapter 242, Health and Safety Code.
- Assisted living facility licensed by DADS under Chapter 247, Health and Safety Code.
- Adult day care facility or adult day health care facility licensed by DADS under Chapter 103, Human Resources Code.
- Facility for persons with intellectual disabilities licensed or certified by DADS, or licensed by DADS under Chapter 252, Health and Safety Code.
- Intermediate care facilities serving individuals with an intellectual disability or related conditions (ICF/IID) that is certified by DADS to participate in the Medicaid program under Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.).
- Adult foster care providers that contract with DADS.
- Home and community support services agencies licensed by DADS under Chapter 142, Health and Safety Code.

As part of your training, you will be performing hands on patient care, therefore applicant criminal history reports are held to the criteria set forth in this State Health and Safety Code.

### Financial Aid

Financial aid may be available for the Medication Aide Certificate Program if the student qualifies and if there is funding available. Continuing education students may apply for the **Texas Public Education Grant (TPEG-NC)**. The TPEG-NC covers a portion of **tuition fees only** (typically 50%) and is a **one-time-only** grant available to students demonstrating financial need. The remaining portion of the balance is the student's responsibility and is due at the time of registration. **All application requirements for TPEG must be completed at least two weeks before the class start date.** For more information regarding financial assistance, please contact Student Financial Services at 409-933-8466.

### Students: Check your COM email!

Beginning spring 2016, all COM business will be sent your COM email address. Students need to set up their COM email account in order to receive any communication from the Financial Aid Office, Business Office, instructors or other staff. Personal email addresses will not be used for College correspondence.

To set up your email from the COM home page, click on Information Technology under College Operations. From the left menu, you can find all information under Get Connected. Direct links: <http://its.com.edu/login-information> <http://its.com.edu/email> For more information contact IT at 409-933-8302.



Medication Aide – Student Requirements

(Please fill out legibly and completely.)

Desired Class Date: \_\_\_\_\_ Session: CEQ\_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Texas ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Email: \_\_\_\_\_

In Case of Emergency, Please Contact:

Name (please print) Relation to Student Phone Number

OFFICE USE ONLY: [ ] APPROVED [ ] DECLINED [ ] PENDING
STAFF VERIFICATION: \_\_\_\_\_ DATE: \_\_\_\_\_
COMMENTS: \_\_\_\_\_



**Students entering the Medication Aide Certificate Program must meet the following minimum requirements:**

Note: All immunizations must be completed in their entirety before clinicals or in class activity with potential exposure to blood or bodily fluids.

- **Must** be at least 18 years of age
- Able to read, write, speak and understand English

- Immunization record(s) showing proof of immunity through **titer or vaccine** for:
    - **Hepatitis B (3 shots)** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Note: The hepatitis B injection series is approximately a 7-month process. (to be completed by COM Staff ONLY)
    - **Tdap (one shot; within the last 10 years)** \_\_\_\_\_ (to be completed by COM Staff ONLY)
    - **MMR (2 shots)** \_\_\_\_\_, \_\_\_\_\_ (to be completed by COM Staff ONLY)
    - **Varicella (2 shots)/** \_\_\_\_\_, \_\_\_\_\_ (Chicken pox) - Proof of either (a) a physician-documented history of the disease is acceptable. Note: The varicella injection series is a four-week process. (to be completed by COM Staff ONLY)
    - **TB Skin Test Negative (within 12 months)** \_\_\_\_\_ Proof of TB test (PPd skin test or chest X-ray) with a negative reading. (to be completed by COM Staff ONLY)
  
  - **Negative 10 Panel Drug Screen Test w/list of items tested for (within 12 months)** [Drug panels that are less than 10 panel will **not** be accepted.]
  
  - Completed and Signed Student Acknowledgement of Hepatitis B Form
  
  - Completed and Signed Documenting History of Varicella Form
  
  - Signed and Dated Student Release/Acknowledgement/Statement Page
  
  - Provide High School Diploma or GED
    - Accepted: Certified copy or photocopy which has been **notarized** as a true copy of an unaltered original of a high school graduation diploma, high school transcript, or a GED diploma
    - Diplomas from internet-based schools **will not** be accepted
    - Applicants who attended school outside of the country **must** have their documentation verified as being equivalent to high school graduation in the U.S.
  
  - **Must** be employed in a facility as a nurse aide or nonlicensed direct care staff person on the first official day of an applicant's medication aide training program; **and**
    - Have been employed:
      - As a nurse aide in a Medicare-skilled nursing facility or a Medicaid nursing facility; or
      - In a facility for 90 days as a nonlicensed direct care staff person during the 12-month period before the first official day of the applicant's medication aide training program
- ✚ THIS DOES NOT INCLUDE HOME HEALTH AGENCIES, HOSPITALS, SNF UNITS IN HOSPITALS, STAFFING AGENCIES, ADULT DAY CARE, JAIL OR TDCJ PRISONS.**

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- Copy of Signed Social Security Card (**Must** Match Photo ID)
- Copy of Driver's License or Government Issued Photo ID (**Must** Match Social Security Card) (**Expired ID will not be accepted.**)
- Acceptable current TXDPS Criminal Background Check (no older than 12 months) (Information enclosed.) [**Positive criminal history reports must be reviewed by the CE Allied Health Program Director.**] **Criminal background checks obtained through city or county law enforcement agencies are not acceptable.**
- Employability Status Check Search (Information enclosed) [**Must be submitted by name, not social.**] Applicant must not be listed as unemployable on the EMR, and not be listed with a revoked or suspended status on the NAR.
- **Notarized** Experience Documentation Report Form (**Form may not be notarized before the first day of class.**)
- Texas DADS Medication Aide Program application (will be given in class and **must be notarized**)
- Money order payable to the Texas Department of Aging and Disability Services (DADS) in the amount of \$25.



Employability and Criminal History Checks for Medication Aides

Employability Status Check

Applicants found to be listed on the Employee Misconduct Registry or who are listed on the Nursing Assistant Registry in "revoked" status or who have a criminal history that would bar employment in a Texas Department of Aging and Disability Services (DADS) licensed facility or agency are prohibited from enrolling in a nurse aide training program.

It is understood that I will provide College of the Mainland with an EMR check. Please initial. \_\_\_\_\_

Please go to https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp to request this information. Must be submitted by name not social. Print out report and turn in with all other required documentation.

Background Check

A criminal history check from the Texas Department of Public Safety is required to be presented by the student for COM's Continuing Education Allied Health programs. Please go to the Texas Department of Public Safety website at www.txdps.state.tx.us to obtain instructions on how to request a criminal history check. The approximate cost for getting a background check is \$3.57 for each last name of applicant. This must be turned in with checklist information required for your desired program.

- Background checks must be obtained from the Texas DPS website. Reports processed through city police, county sheriff or other will not be accepted as they are not all inclusive of the state of Texas.
Background checks older than 12 months to the class date you are applying for will not be accepted.
Positive criminal history reports must be reviewed by the CE Allied Health Program Director.
Criminal history clearance through College of the Mainland CE Allied Health does not constitute clearance through potential employers or hiring entities.

It is understood that I am to provide College of the Mainland with a Criminal History background check. Please initial. \_\_\_\_\_

Student Release Agreement & Applicant Statement Acknowledgment

Release Agreement

While caring for patients during my clinical rotations, I hereby release and discharge College of the Mainland and all its employees from all liability for all injury, exposure or damage arising from health risks of caring for patients during my clinical rotation or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (including blood-borne pathogens) or personal injury. I am aware of the health risks of caring for such patients. Please initial. \_\_\_\_\_

Immunization Acknowledgement

I am also aware that the College of the Mainland CE Allied Health Department, which oversees the Certified Nursing Assistant (CNA) Program, requires that I have the required immunizations before my clinical rotations. I understand that I will not be allowed to enter the clinical facility for clinical purposes if I do not have the required immunizations. Please initial. \_\_\_\_\_

Applicant's Statement

I certify that I have read the above statements and that initialing my name means that I agree with the above statements. If accepted into the College of the Mainland CNA Program, I agree to abide by the rules set forth by the school and the program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT ACKNOWLEDGEMENT OF HEPATITIS B VACCINE

Department of State Health Services  
Disease Prevention and Intervention  
Section Immunization Branch

### **POLICY STATEMENT 1.0** Completion of Hepatitis B vaccine series prior to direct patient care

The Texas Department of State Health Services (DSHS) rule §97.64, “Required Vaccinations for Students Enrolled in Health-Related and Veterinary Courses in Institutions of Higher Education” [25TAC§97.64, April 2004], requires students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities to **complete a three-dose series of hepatitis B vaccine prior to direct patient care**. This rule applies to all medical interns, residents, fellows, nursing students, and others who are being trained in medical schools, hospitals, and health science centers and students attending two-year and four-year colleges whose course work involves direct patient contact regardless of the number of courses taken, number of hours taken, and the classification of student.

Website for Texas Department of State Health Services Adult Immunizations Schedule:  
[www.dshs.state.tx.us/immunize/adult\\_sched.shtm](http://www.dshs.state.tx.us/immunize/adult_sched.shtm)

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**Please check one of the following boxes as it applies to your Hepatitis B series:**

- I have completed the Hepatitis B 3 shot series
- I only have 1 shot remaining of the 3 shot series: 3rd shot due
- I have completed my first shot and the dates for the next two shots are:  
and

**Based upon the clinical/extern site rules and regulations I understand and acknowledge that if I have not completed the Hepatitis B 3 shot series, I may not be able to participate in the clinical/externship portion of the program. Please initial. \_\_\_\_\_**

I have read and understand the Texas Department of State Health Services policy on Hepatitis B vaccine series. [www.dshs.state.tx.us/immunize/docs/school/hepB\\_Policy.pdf](http://www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf)

Student Printed Name

\_\_\_\_\_  
Student Signature

Date:

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Documenting History of Illness: Varicella (Chicken Pox)

This form summarizes the "Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chicken Pox)."

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student's positive history of varicella disease (chicken pox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease. College of the Mainland shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. If a student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

Documentation of prior varicella illness can be provided by the following methods:

- 1. A serologic confirmation of varicella immunity (positive varicella IgG result).
2. A written statement from a physician or the student's parent or guardian containing wording such as: "This is to verify \_\_\_\_\_ had varicella disease (chicken pox) on or about \_\_\_\_\_ and does not need the varicella vaccine."

(Printed name of person completing form)

(Signature of person completing form)

(Relationship to student)

(Date)



For more information about Varicella contact: Texas Department of State Health Services Immunization Branch (800) 252-9152 www.ImmunizeTexas.com





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TEXAS DEPARTMENT OF AGING & DISABILITY SERVICES
MEDICATION AIDE PROGRAM - MAIL CODE E416
P.O. BOX 149030
AUSTON, TEXAS 78714-9030

APPLICANT \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

TRAINING SCHOOL \_\_\_\_\_

\*\*\*\*\*

Form must be filled out in its entirety by the individual certifying that the information submitted is correct.

I, \_\_\_\_\_, certify that I have employed
(FACILITY ADMINISTRATOR/PROGRAM DIRECTOR/DON)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
(Applicant)

and that I know of my own knowledge that said person was employed continuously in this facility which is licensed under Health & Safety Code Chapter 242, as a certified nurse aide; or in this facility which is a licensed Personal Care Facility under Health & Safety Chapter 247, or in this State Supported Living Center, ICF-IDD as a non-licensed direct care staff person under that direct supervision of a licensed nurse on duty or on call.

- 1. Place of Employment \_\_\_\_\_
2. Address \_\_\_\_\_
Street No. City State Zip
3. Phone Number (including area code) \_\_\_\_\_
4. Type of Facility \_\_\_\_\_
5. Job Title of Applicant \_\_\_\_\_
6. Nurse Aide Certificate Number (if applicable) \_\_\_\_\_
Expiration Date \_\_\_\_\_
7. Type of Work Performed (be specific) \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_

I certify under penalty of perjury that the information submitted is true and correct.

SIGNATURE OF ADMINISTRATOR/PROGRAM DIRECTOR/DON
Facility Vendor Number \_\_\_\_\_

Before me, a Notary Public in \_\_\_\_\_ County, Texas on this day

personally appeared, known to me to be the person (ADMINISTRATOR/PROGRAM DIRECTOR/DON) whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Signature of Notary)

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