



Oklahoma State Department of Health
Nurse Aide Registry
PO Box 268816
Oklahoma City, OK 73126-8816
Ph. 405-426-8150

**Application for Training Program for Certified Medication Aides-
Nasogastric/Gastrostomy/Oral Metered Dose Inhaler/Nebulizer**

Check the type of training program you will be providing. Submit one application per program.

- (R) Respiratory (oral metered dose inhalers and nebulizers only)
- (NG) Nasogastric (administration of medications via nasogastric and gastrostomy tubes only)
- (RG) Respiratory and Nasogastric (all (R) and (NG) skills)

Complete the following and return to the above address
Please type or print information

Organization/Agency Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person/Title: _____ E-mail Address: _____

The program must submit the following information as specified in OAC 310:677-13-9 (b) with a \$100.00 non-refundable application fee:

Instructor names and qualifications:

Attachment #1

Complete the attached Certified Medication Instructor Qualifications Application as specified in OAC 310:677-13-3.

Classroom and Clinical facilities:

Attachment #2

Complete the attached Name and Location of Classroom and Clinical Facilities as specified in OAC 310:677-13-9.

Program outline, with objectives, curriculum and instruction methods

Complete a program outline, with objectives, curriculum and instruction methods as specified in OAC 310:677-13-4. (**Attachment #3** is the current rules as specified in OAC 310:677-13-4 (d)(f)(g))

Attachment #4 (for NG/RG)

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(f). (Attached is an approved model Skills Demonstration on Administering Nasogastric/Gastrostomy Medications that you may use or submit another checklist for approval)

Attachment #5 (for NG/RG)

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(f). (Attached is an approved model Skills Demonstration on Nasogastric/Gastrostomy Bolus Feedings that you may use or submit another checklist for approval)

Attachment #6 (for NG/RG)

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(f). (Attached is an approved model Skills Demonstration on Administering Medications While Receiving Continuous Feedings that you may use or submit another checklist for approval)

Attachment #7 (for R/RG)

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(g). (Attached is an approved model Skills Demonstration on Metered Dose Inhalers that you may use or submit another checklist for approval)

Attachment #8 (for R/RG)

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(g). (Attached is an approved model Skills Demonstration on Nebulizers that you may use or submit another checklist for approval)

Type or Print Name of Authorized Individual Signing for Entity

Signature

Date