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Headmaster LLP

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ARIZONA MEDICATION ASSISTANT CANDIDATE HANDBOOK

UPDATED 9-1-2017

NO CHANGES MADE TO THE SKILL TASKS

Contact Information

QUESTIONS REGARDING TEST APPLICATIONS-TEST SCHEDULING-ELIGIBILITY TO TEST:

HEADMASTER, LLP8:00 am to 6:00 pm M-F (800) 393-8664
 625A Barney Street (Mountain Time)
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 P.O. Box 6609
 Helena, MT 59604-6609 Fax:..... (406) 442-3357

QUESTIONS ABOUT CNA CERTIFICATION:

ARIZONA STATE BOARD OF NURSING...8:00 am to 5:00 pm M-F... (602) 771-7800
 4747 N. 7th St., Suite 200
 Phoenix, AZ 85014

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INTRODUCTION

The purpose of a Medication Assistant competency evaluation program is to ensure that candidates who are seeking to be Medication Assistants understand the State standards and can competently and safely perform the job of an entry-level Medication Assistant.

This handbook describes the process of taking the Medication Assistant competency test and is designed to help prepare candidates for testing. There are two parts to the Medication Assistant competency test—a multiple-choice knowledge test and a skill test. Candidates must pass both parts of the test and meet all requirements of the AZBN to be approved as medication Assistants in Arizona.

Arizona has approved Headmaster-D&S Diversified Technologies to provide tests and scoring services for Medication Assistant Testing. For question not answered in this handbook please contact Headmaster at toll free 800-393-8664 or go to www.hdmaster.com. This handbook should be kept for future reference.

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

If you have a qualified disability, you may request special accommodations for your examination. Accommodations must be approved by the Arizona State Board of Nursing in advance of your examination. The request for ADA Accommodation Form 1404AM is available on the Arizona page of the Headmaster website under the Candidate Forms column at www.hdmaster.com. This form must be submitted to Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation. If you are scheduling to take your exam online or through your training program, please make sure you or your training program has submitted the ADA Accommodation Form(s) to Headmaster and also indicated in your online registration that an accommodation has been requested.

APPLYING TO TAKE THE MEDICATION ASSISTANT TEST

On-line registration of your Arizona Medication Assistant record is done by your training program. Once your training program has completed your registration on-line, you may schedule your exam date online at www.hdmaster.com (click on Arizona CMA, click on WebETest© Start Page, click on Select Test Event/Reschedule and then log-in with your secure Test ID# and Pin# provided to you by your training program or from Headmaster at 800-393-8664. Securely processed VISA or MASTERCARD credit card or debit card information is required first. You will then be able to schedule your test date and receive your test confirmation letter online (Headmaster does not send test confirmation letters to candidates who self schedule or who are scheduled by their training program). If you wish, you may schedule a test date by mailing to Headmaster a Scheduling and Payment Form 1402AM indicating your test date choices along with your payment (money order, cashier's check, facility check, Visa or MasterCard – no personal checks or cash.)

If you have an AZBN-approved Certified Medication Assistant (CMA) Request for Waiver, Headmaster will complete your registration and scheduling upon receipt of your application. Complete the Headmaster **MA Application Form 1101AM**, and the **MA Scheduling and Payment Form 1402AM**, and mail these forms to Headmaster at the address shown on the forms along with:

- Payment: money order, cashier's check, facility check made out to Headmaster; Visa or MasterCard – no personal checks or cash.
- A **copy** of your AZBN MA Waiver.

Please print neatly, double-check your address, phone number, email address and social security number before signing the Headmaster testing application. Unsigned applications will be returned to you, which will delay testing.

The Headmaster application, scheduling and payment forms and three month regional test site schedule are available from the Arizona CMA page of the Headmaster website, www.hdmaster.com. Please call Headmaster at 800-393-8664, Monday through Friday 8 am to 6 pm mountain time if you have questions or problems. For information on CMA Request for Waivers visit the AZBN website www.azbn.gov then click on Applications & Forms and scroll down to "Other Form Downloads".

Many training programs host and pre-schedule test dates for their graduating students. Check with your instructor to see if this is the case before you request an exam date. Regional test sites are open to all candidates. A list of regional test events is available at our website www.hdmaster.com, click on Arizona CMA, or call our office to find out available test dates near you. You will be scheduled to take the knowledge and skill test on the same day. Under PAYMENT OPTIONS please mark the appropriate boxes. For applicants who need faster processing of their applications, the following options are available:

Complete your Scheduling and Payment Form 1402AM by including first and second date choices for your testing. Please keep in mind we need lead time to prepare and ship tests. Therefore, we cannot schedule you for a test date if we do not receive your form at least eight business days prior to your requested test date. Saturdays, Sundays and Holidays are not counted as business days.

Please note:

1. Forms with missing information, payment or signatures will be returned to the candidate.
2. If you fax your Headmaster forms, a credit card payment is required and a \$5 Priority Fax Service Fee applies.
3. If we are able to schedule you to test within 8 business days of your requested test date a \$15 Express Service Fee and/or a \$39.50 Overnight Express Shipping Fee per candidate may apply.
4. We do not accept personal checks or cash for testing fees.
5. We accept Money Orders, Cashier's Checks, Facility Checks, MasterCard or Visa cards.
6. You will be scheduled to take your knowledge and skill tests on the same day.
7. If you must reschedule, call us or leave us a message immediately at 800-393-8664!

Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation letter at the time they are scheduled online.

When a candidate is scheduled by Headmaster, we will notify the candidate via mail or email of their test date and time. **If you do not hear from Headmaster within 5 business days of sending us your scheduling request and payment, call us immediately or leave us a message on the answering machine at 1-800-393-8664.**

TEST DAY

- You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start. (*For example: if your test start time is 8:00 a.m. – you need to be at the test site for check-in no later than 7:30 to 7:40 a.m.*)
- **SCRUBS** (which consists of: a scrubs top and scrub pants, scrub skirt (long, loose-fitting) or scrub dress (long, loose-fitting) **AND CLOSED-TOED, SOFT-SOLED SHOES ARE THE REQUIRED DRESS CODE FOR TESTING.**

- ◆ **YOU WILL NOT BE ADMITTED FOR TESTING IF YOU ARE NOT WEARING SCRUBS ATTIRE AND THE APPROPRIATE SHOES. YOU WILL BE CONSIDERED A NO SHOW. YOU WILL HAVE TO PAY FOR ANOTHER TEST AND DATE.**
- You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING FORM OF IDENTIFICATION.** Examples of the forms of US government issued, photo ID's that are acceptable are:
 - ◆ Driver's License (*Arizona Driver's License must be issued January 1, 1997 and later*)
 - ◆ State issued Identification Card (*Arizona State ID must be issued January 1, 1997 and later*)
 - ◆ US Passport (Foreign Passports *are not* acceptable)
 - ◆ Military Identification
 - ◆ Alien Registration Card
 - ◆ Tribal Identification Card
 - ◆ Work Authorization Card

**** A DRIVER'S LICENSE OR STATE-ISSUED ID CARD THAT HAS A HOLE PUNCHED IN IT IS NOT VALID AND WILL NOT BE ACCEPTED AS AN ACCEPTABLE FORM OF ID****

- Your **FIRST** and **LAST** printed names on your ID that you will present to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** your FIRST and LAST names that were entered in the AZ medication assistant database by your training program. You may call Headmaster at 1-800-393-8664 to confirm that your name of record is matching your US government issued ID.
- You will not be admitted for testing if you do not bring proper ID, your ID is invalid (*see note above) or if your FIRST and LAST printed names on your ID do not match your current name of record. You will be considered a NO SHOW. You will have to pay for another test and date.
- We recommend that you read and bring your test notification letter with you on your test day although it is not required for test admission.
- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. **DO NOT BRING or USE INK PENS.** The scanner cannot read ink marks on your answer sheet.

TESTING POLICY

The following policies are observed at each test site—

- **PLAN TO BE AT THE TEST SITE UP TO 5 HOURS.**
- If you arrive late for your confirmed test, if you do not bring appropriate US government issued ID, your ID is invalid or your FIRST and LAST printed names on your ID do not match your current name of record, or you do not wear scrubs and the appropriate shoes, you will not be admitted to the test and any test fees paid *will NOT be refunded*.
- If you NO SHOW for your testing day you must re-pay your testing fees on-line in your own record using your ID and PIN#'s or submit Form 1402AM (Scheduling and Payment Form) to schedule another test date. If your test is paid for by a US government funded facility, that facility will be charged a No Show fee.
- Cell phones, smart watches (must be removed from wrist), electronic devices and personal items are not permitted in the testing room and there is no place for storage of personal belongings. Anyone caught using these devices during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months. You may, however, use them during your free time.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.

- You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing room. Any such materials brought into the testing room will be collected and returned to you when you have completed the test.
- You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke during the test.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the test has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your test.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the test and reported to your training program and the Arizona State Board of Nursing.
- No visitors, guests, pets or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a Medication Assistant. (examples: Cast, Braces, Crutches, etc.) Call Headmaster immediately if you are on doctor's orders and you **must fax a doctor's order within 5 working days** of your scheduled testing day to qualify for a free reschedule.

RESCHEDULE / CANCELLATION / NO SHOW POLICIES _____

Reschedules - All candidates are entitled to one free reschedule any time up until **1 business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place. **RESCHEDULES WILL NOT BE GRANTED LESS THAN 1 BUSINESS DAY PRIOR TO A SCHEDULED TEST.**

Cancellations – Cancellation requests must be made within six (6) months of payment of testing fees with Headmaster. A request must be made *in writing* to cancel a test any time up until 1 business day preceding a scheduled test day, **excluding** Saturdays, Sundays, and Holidays, and qualify for a full refund of any testing fees paid minus a \$28 cancellation fee. We accept faxed or emailed requests for cancellation.

No Shows- If you are scheduled for your test and do not show up without notifying Headmaster at least 1 business day prior to your scheduled testing event, **excluding** Saturdays, Sunday, and Holidays, you will be considered a **NO SHOW** and must submit a new application (with payment) to be scheduled for a new test date.

These fees partially offset Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or cancellation request is not received within 1 business day preceding a scheduled test date, excluding Saturdays, Sundays, and Holidays, a NO SHOW status will exist and your Re-test Request Form with payment must be submitted to Headmaster to secure a new test date.

If you No Show for any of the following reasons please provide the following documentation:

Car breakdown: Headmaster must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within **2 business days** of the test date, if we do not receive proof within the 2 business day time frame you will have to pay as though you were a No Show.

Medical emergency: Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **5 business days** of the missed exam date, if we do not receive proof within the 5 business days time frame you will have to pay as though you were a No Show.

Death in the family: Headmaster must be contacted and an obituary for **immediate family only** submitted within **14 business days** from a missed test date.

Test Result Review Requests: You may request a review of your test results. There is a \$25 test review fee. To request a review submit \$25 (cashier's check, money order, credit or debit card with expiration date) along with a detailed explanation of why you feel your results are incorrect. Since one qualification for certification as a medication assistant in Arizona is demonstration by examination of minimum medication assistant knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, Headmaster will pay for your re-test fee and refund your review fee. You must submit your request for a review, the payment and a detailed explanation via email, fax or mail **within 10 business days** of your test date (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email or mail the review results to your email address or physical address of record and to the Arizona Board of Nursing.

SECURITY

Anyone who removes or tries to remove test material, takes notes or information from the test site will be prosecuted to the full extent of the law, will be recorded as a test failure, and will not be allowed to retest for a minimum period of six months. If you give or receive help from anyone during testing (which also includes the use of any electronic devices ie; cell phones, smart watches, etc., during testing), the test will be stopped, your test will not be scored, you will be dismissed from the testing room, you will forfeit any testing fees paid, will have a NO SHOW status in our computer scoring system, and your name will be reported to the appropriate agency.

THE KNOWLEDGE TEST

The knowledge test proctor will hand out materials and give instructions for taking the knowledge test. You will have a maximum of sixty (60) minutes to complete the 50 question knowledge test. You will be told when fifteen (15) minutes are left. You may not ask questions about the content of the knowledge test (such as "What does this question mean?") Fill in only one (1) oval on the answer sheet for each question. **DO NOT mark in the testing booklet.** Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. You must have a score of 80% or better to pass the knowledge portion of the test. All test materials must be left in the testing room. Anyone who takes or tries to take materials or information from the testing room is subject to prosecution.

The Knowledge Test consists of 50 multiple-choice questions. Questions are selected from subject areas based on the Arizona medication Assistant test plan. The subject areas and number of items for each area are as follows:

Role of CMA in Arizona (5 items)	Skin medications (3 items)
Underlying principles/laws/geriatric considerations (5 items)	Controlled substances (3 items)
Medication calculations (4 items)	Cardiovascular medications (2 items)
Eye and ear medications (3 items)	Respiratory medications (2 items)
Vitamins, minerals, herbs (3 items)	GI medications (2 items)
Antimicrobials (3 items)	Urinary system medications (1 item)
Medication administration (6 items)	Endocrine medications (2 items)
Musculoskeletal medications (2 items)	Psychotropic medications (2 items)
Sensory / nervous system medications (2 items)	

THE SKILL TEST

The purpose of the skill test is to evaluate your medication assistant abilities. You will find a complete list of skill tasks in this handbook. Two (2) tasks will be randomly selected from the following list for you to perform as your skill test. The steps that are listed for each task are the steps required for a Medication Assistant to completely demonstrate the skill task. You must have a score of 80% on **each** task *without missing any key steps* (the **bolded** steps) to pass the skill portion of the test. If you fail a single task you will have to take another skill test with two tasks on it.

WHAT TO EXPECT:

- ❖ Two scenarios associated with four medication administrations will be read to you immediately before you start each scenario.
- ❖ After hearing a scenario you will go to and use the MAR to determine what medications to obtain from the locked medication cart and you will administer the medications obtained to a live resident actor.
- ❖ Listen carefully to all instructions given by the RN test observer.
- ❖ You may request to have either one of the scenarios repeated anytime during your skill test.
- ❖ Be sure you understand all instructions before you begin because you may not ask questions once the skill test begins.
- ❖ You will be given twenty-five (25) minutes to complete the four medication administrations. You must correctly perform all four medication administrations in order to pass the skill test. You will be told when 15 minutes have elapsed.
- ❖ If you believe you made a mistake while performing a medication administration, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly any time during your allotted 25 minutes or until you tell the RN test observer you are finished with the skill test. Once the skill test has begun, the RN test observer may not answer questions.

MANUAL SKILL TASKS LISTING

SKILL -1: ORAL LIQUID / EAR DROPS ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Candidate obtains correct medications from the medication cart
- 3) **For each medication identifies the correct drug label for correct resident's MAR**
- 4) **Identifies right drugs as the candidate obtains the medications from the cart**
- 5) **For each medication identifies right doses as candidate compares the labels to right resident's MAR**
- 6) **Medications selected are for the correct time**
- 7) **Medications selected are for the correct routes**
- 8) Opens container. Does not contaminate lid. (During removal or while off container.)
- 9) Sets medication cup on level surface
- 10) **Pours correct amount of medication**
- 11) Checks for correct amount of medication at eye level
- 12) Locks medication cart
- 13) Closes or covers MAR
- 14) Greets resident
- 15) **Identifies right resident using an appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 16) Introduces self as a medication assistant
- 17) Explains procedure
- 18) Assists resident to take oral medication

- 19) Lowers head of the bed
- 20) Head is turned toward right with left ear upward
- 21) Holds external ear flap (pinna) and pulls up and back
- 22) Instill the number of prescribed drops of medication into the ear**
- 23) Dropper tip does not touch inside of ear canal
- 24) Tells resident to not move his/her head for a few minutes
- 25) Returns medication bottle to the medication cart
- 26) Locks medication cart
- 27) Documents administration on the medication administration record on the correct day**
- 28) Closes or covers MAR
- 29) Maintains interpersonal communications during administration
- 30) Places call light within reach
- 31) Candidate uses hand sanitizer to clean hands

SKILL-2: TOPICAL MEDICATION / UNIT DOSE ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Greets resident
- 3) Identifies right resident using an appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 4) Introduces self as a medication assistant
- 5) Explains procedure
- 6) Listen to apical heart rate for 60 seconds with teaching stethoscope
- 7) Record heart rate on the MAR
- 8) Recorded heart rate is within 5 beats of the observer's**
- 9) Verbalizes whether or not to proceed with medication administration based upon heart rate obtained**
- 10) Candidate obtains correct medications from the medication cart
- 11) For each medication identifies the correct drug label for correct resident's MAR**
- 12) Identifies right drugs as the candidate obtains the medications from the cart**
- 13) For each medication identifies right doses as candidate compares the labels to right resident's MAR**
- 14) Medications selected are for the correct time**
- 15) Medications selected are for the correct routes**
- 16) If candidate proceeds with tablet administration, places correct number of tablets into medication cup without touching the medication
- 17) Locks medication cart
- 18) Must close or cover MAR
- 19) If candidate proceeds with tablet administration, gives resident glass of water
- 20) If candidate proceeds with tablet administration, assists resident to take medication
- 21) Inspects right forearm skin area where medication is to be applied
- 22) Instructs resident to turn face away while spraying
- 23) One spray on area on forearm
- 24) Returns spray bottle to the medication cart
- 25) Locks medication cart
- 26) Documents administration on the medication administration record on the correct day**
- 27) Closes or covers MAR
- 28) Maintains interpersonal communications during administration
- 29) Places call light within reach
- 30) Candidate uses hand sanitizer to clean hands

SKILL-3: TOPICAL / ORAL CAPSULE MEDICATION ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Candidate obtains correct medications from the medication cart
- 3) For each medication identifies the correct drug label for correct resident's MAR**
- 4) Identifies right drugs as the candidate obtains the medications from the cart**
- 5) For each medication identifies right doses as candidate compares the labels to right resident's MAR**

- 6) **Medications selected are for the correct time**
- 7) **Medications selected are for the correct routes**
- 8) Puts capsule in medication cup without touching the medication
- 9) Locks medication cart
- 10) Closes or covers MAR
- 11) Greets resident
- 12) **Identifies right resident using an appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 13) Introduces self as a medication assistant
- 14) Explains procedure
- 15) Gives resident a glass of water
- 16) Assists resident to take medication
- 17) Inspects right forearm skin area where medication is to be applied
- 18) Puts on one glove
- 19) Opens container. Does not contaminate lid. (During removal or while off container.)
- 20) Applies ointment to finger of gloved hand and then uses ointment on finger to apply ointment to forearm
- 21) Spreads ointment to cover entire area that is to be treated
- 22) Remove and discards glove. Uses hand sanitizer to clean hands.
- 23) Returns ointment tube to the medication cart
- 24) Locks medication cart
- 25) **Documents administration on the medication administration record on the correct day**
- 26) Closes or covers MAR
- 27) Maintains interpersonal communications during administration
- 28) Places call light within reach
- 29) Candidate uses hand sanitizer to clean hands

SKILL-4: ORAL TABLET / EYE DROP ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Greets resident
- 3) **Identifies right resident using an appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 4) Introduces self as a medication assistant
- 5) Explains procedure
- 6) Listen to apical heart rate for 60 seconds with teaching stethoscope
- 7) Record heart rate on the MAR
- 8) **Recorded heart rate is within 5 beats of the observer's**
- 9) **Decides whether or not to proceed with medication administration based upon heart rate obtained**
- 10) Candidate obtains correct medications from the medication cart
- 11) **For each medication identifies the correct drug label for correct resident's MAR**
- 12) **Identifies right drugs as the candidate obtains the medications from the cart**
- 13) **For each medication identifies right doses as candidate compares the labels to right resident's MAR**
- 14) **Medications selected are for the correct time**
- 15) **Medications selected are for the correct routes**
- 16) If candidate proceeds with tablet administration, opens container. Does not contaminate lid. (During removal or while off container.)
- 17) If candidate proceeds with tablet administration, pours prescribed number of tablets into medication cup without touching the medication
- 18) Locks medication cart
- 19) Closes or covers MAR
- 20) If candidate proceeds with tablet administration, gives resident a glass of water
- 21) If candidate proceeds with tablet administration, assists the resident to take the medication
- 22) Puts on gloves
- 23) Removes lid. Does not contaminate lid. (During removal or while off container.)
- 24) Gently tilts resident's head back with chin up
- 25) Pulls down on lower eye lid of the right eye making a pocket
- 26) Asks resident to look up toward forehead

- 27) **Drops prescribed number of drops of medication into the pocket**
- 28) Dropper tip does not touch eye
- 29) Gentle pressure is applied to inner corner of eye for one minute
- 30) Uses tissue to remove any excess fluid from around eye
- 31) Removes and discards gloves. Uses hand sanitizer to clean hands.
- 32) Returns medication bottle to the medication cart
- 33) Locks medication cart
- 34) **Documents administration on the medication administration record on the correct day**
- 35) Closes or covers MAR
- 36) Maintains interpersonal communications during administration
- 37) Places call light within reach
- 38) Candidate uses hand sanitizer to clean hands

SKILL-5: ORAL CAPSULE ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Candidate obtains correct medications from the medication cart
- 3) **For each medication identifies the correct drug label for correct resident's MAR**
- 4) **Identifies right drugs as the candidate obtains the medications from the cart**
- 5) **For each medication identifies right doses as candidate compares the labels to right resident's MAR**
- 6) **Medications selected are for the correct time**
- 7) **Medications selected are for the correct routes**
- 8) Opens first container. Does not contaminate lid. (During removal or while off first container.)
- 9) Pours prescribed number of capsules in medication cup without touching the medication
- 10) Opens second container. Does not contaminate lid. (During removal or while off second container.)
- 11) Pours prescribed number of capsules into a medication cup without touching the medication
- 12) Returns medications to proper place in medication cart
- 13) Locks medication cart
- 14) Closes or covers MAR
- 15) Greets resident
- 16) **Identifies right resident using an appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 17) Introduces self as a medication assistant
- 18) Explains procedure
- 19) Gives resident a glass of water
- 20) Assists the resident to take the medication one capsule at a time
- 21) Stays with the resident until the medication has been swallowed
- 22) **Documents administration on the medication administration record on the correct day**
- 23) Closes or covers MAR
- 24) Maintains interpersonal communications during administration
- 25) Places call light within reach
- 26) Candidate uses hand sanitizer to clean hands.

SKILL-6: ORAL LIQUID / OINTMENT ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Candidate obtains correct medications from the medication cart
- 3) **For each medication identifies the correct drug label for correct resident's MAR**
- 4) **Identifies right drugs as the candidate obtains the medications from the cart**
- 5) **For each medication identifies right doses as candidate compares the labels to right resident's MAR**
- 6) **Medications selected are for the correct time**
- 7) **Medications selected are for the correct routes**
- 8) Opens container. Does not contaminate lid. (During removal or while off container.)
- 9) Sets medication cup on level surface
- 10) **Pours correct amount of medication**
- 11) Checks for correct amount of medication at eye level

- 12) Locks medication cart
- 13) Closes or covers MAR
- 14) Greets resident
- 15) Identifies right resident while using appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 16) Introduces self as a medication assistant
- 17) Explains procedure
- 18) Assists resident to take medication
- 19) Inspects right forearm skin area where medication is to be applied
- 20) Puts on one glove
- 21) Opens container. Does not contaminate lid. (During removal or while off container.)
- 22) Applies ointment to finger of gloved hand and then uses ointment on finger to apply ointment to forearm
- 23) Spreads ointment to cover entire area that is to be treated
- 24) Remove and discards glove. Uses hand sanitizer to clean hands.
- 25) Returns ointment tube to the medication cart
- 26) Locks medication cart
- 27) Documents administration on the medication administration record on the correct day**
- 28) Closes or covers MAR
- 29) Maintains interpersonal communications during administration
- 30) Places call light within reach
- 31) Candidate uses hand sanitizer to clean hands.

SKILL-7: EAR DROPS / TABLET ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Candidate obtains correct medications from the medication cart
- 3) For each medication identifies the correct drug label for correct resident's MAR**
- 4) Identifies right drugs as the candidate obtains the medications from the cart**
- 5) For each medication identifies right doses as candidate compares the labels to right resident's MAR**
- 6) Medications selected are for the correct time**
- 7) Medications selected are for the correct routes**
- 8) Opens container. Does not contaminate lid. (During removal or while off container.)
- 9) Pours prescribed tablets into medication cup without touching the medication
- 10) Locks medication cart
- 11) Closes or covers MAR
- 12) Greets resident
- 13) Identifies right resident using an appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 14) Introduces self as a medication assistant
- 15) Explains procedure
- 16) Gives resident a glass of water
- 17) Assists the resident to take the medication
- 18) Lowers head of the bed
- 19) Head is turned toward right with left ear upward
- 20) Holds external ear flap (pinna) and pulls up and back
- 21) Instills prescribed number of drops of medication into the ear**
- 22) Dropper tip does not touch inside of ear canal
- 23) Tells resident to not move his/her head for a few minutes
- 24) Returns medication bottle to the medication cart
- 25) Locks medication cart
- 26) Documents administration on the medication administration record on the correct day**
- 27) Closes or covers MAR
- 28) Maintains interpersonal communications during administration
- 29) Places call light within reach
- 30) Candidate uses hand sanitizer to clean hands

SKILL-8: NASAL SPRAY / TABLET ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Candidate obtains correct medication bottles from the medication cart
- 3) **For each medication identifies the correct drug label for correct resident's MAR**
- 4) **Identifies right drugs as the candidate obtains the medications from the cart**
- 5) **For each medication identifies right doses as candidate compares the labels to right resident's MAR**
- 6) **Medications selected are for the correct time**
- 7) **Medications selected are for the correct routes**
- 8) Opens container. Does not contaminate lid. (During removal or while off container.)
- 9) Pours correct number of tablets into medication cup without touching medication
- 10) Locks medication cart
- 11) Closes or covers MAR
- 12) Greets resident
- 13) **Identifies right resident using an appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 14) Introduces self as a medication assistant
- 15) Explains procedure
- 16) Assist the resident to take the medication
- 17) Gives resident glass of water
- 18) Assists resident to take medication
- 19) Has resident blow nose
- 20) Instructs resident to breath in with mouth closed
- 21) Times administration of spray with resident's inhalation
- 22) Administers prescribed number of sprays in one nostril
- 23) Returns medication bottle to the medication cart
- 24) Locks medication cart
- 25) **Documents administration on the medication administration record on the correct day**
- 26) Closes or covers MAR
- 27) Maintains interpersonal communications during administration
- 28) Places call light within reach
- 29) Candidate uses hand sanitizer to clean hands

SKILL-9: EYE DROPS / TABLET ADMINISTRATION

- 1) Candidate uses hand sanitizer to clean hands.
- 2) Candidate obtains correct medications from the medication cart
- 3) **For each medication identifies the correct drug label for correct resident's MAR**
- 4) **Identifies right drugs as the candidate obtains the medications from the cart**
- 5) **For each medication identifies right doses as candidate compares the labels to right resident's MAR**
- 6) **Medications selected are for the correct time**
- 7) **Medications selected are for the correct routes**
- 8) Opens container. Does not contaminate lid. (During removal or while off container.)
- 9) Pours prescribed number of tablets into medication cup without touching the medication
- 10) Locks medication cart
- 11) Closes or covers MAR
- 12) Greets resident
- 13) **Identifies right resident using an appropriate method of identification. i.e. picture, wrist band, or facility appropriate method of identification**
- 14) Introduces self as a medication assistant
- 15) Explains procedure
- 16) Gives resident a glass of water
- 17) Assists the resident to take the medication
- 18) Puts on gloves
- 19) Removes lid. Does not contaminate lid. (During removal or while off container.)
- 20) Gently tilts resident's head back with chin up
- 21) Pulls down on lower eye lid of the right eye making a pocket

- 22) Asks resident to look up toward forehead
- 23) Drops prescribed number of drops of medication into the pocket**
- 24) Dropper tip does not touch eye
- 25) Gentle pressure is applied to inner corner of eye for one minute
- 26) Uses tissue to remove any excess fluid from around eye
- 27) Removes and discards gloves. Uses hand sanitizer to clean hands.
- 28) Returns medication bottle to the medication cart
- 29) Locks medication cart
- 30) Documents administration on the medication administration record on the correct day**
- 31) Closes or covers MAR
- 32) Maintains interpersonal communications during administration
- 33) Places call light within reach
- 34) Candidate uses hand sanitizer to clean hands

TEST RESULTS

After you have completed both the knowledge test and skill test components your test results will be sent to the AZBN. The Arizona Board of Nursing (AZBN) will officially notify you when you have met all the criteria to be a medication Assistant in Arizona, part of which, includes passing both the knowledge and skill test components. If you fail either test component, you must reapply to retake the component that you failed. Detailed test diagnostics are included in a test results notification letter sent to your address of record. If you lost or didn't receive your test results notification letter (form 1301), **you may access a copy of your results** on-line from the AZ CMA page of our website at www.hdmaster.com.

RETAKE THE MEDICATION ASSISTANT TEST

- You can schedule a test or re-test on-line at www.hdmaster.com with a VISA or MASTERCARD (click on Arizona CMA, click on WebETest© Start Page, click on Select Test Event/Reschedule and then log-in with your secure Test ID# and Pin# located on your test results letter, you will need to pay with a VISA or MASTERCARD first and then will be able to schedule. Call Headmaster at 800-393-8664 if assistance is needed or to get your ID# and Pin#.)
- Or you can mail in your re-test request and payment -- Make address corrections to the top portion of your failure results letter (Form 1301).
- Fill out Exam types and Fee payment on a new Scheduling and Payment Form 1402AM and choose test dates from the test schedule (Form 1700) and write them on the new application under Option 1 (Regional Test Site Schedule).
- Mail or fax the top portion of your failure letter (Form 1301) along with the Scheduling and Payment Form (1402AM), and payment to Headmaster. If faxed, please be sure to include credit card information on your new application.
- If you lost your failure letter (Form 1301), you can print a new copy from your on-line test results.

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the knowledge test. Check your answers to these questions using the answer box below.

1. An order for Colace qd would require that you to administer this medication to a resident
 - a. once a week
 - b. every day
 - c. on an empty stomach
 - d. when the resident complains of constipation

2. If a resident refuses to take the medication you bring to him you should
 - a. make a mental note and plan to come back and try again later
 - b. try to get the resident to take his medication anyway
 - c. leave the medication on the resident's bedside stand and instruct him to take it later
 - d. document the refusal and report it to the nurse

3. The following medication is not allowed to be administered by a medication assistant
 - a. a regularly scheduled oral hypertensive agent
 - b. an antibiotic cream applied to an open wound
 - c. a laxative to be administered by rectal suppository
 - d. a schedule III controlled substance timed for every night

ANSWERS: 1b, 2d, 3b

KNOWLEDGE TEST VOCABULARY LIST

abbreviation	carbamazepine (Tegretol)
absorption	cardiovascular
ac	carisoprodol
acetaminophen (Darvocet)	central nervous system
acetaminophen/hydrocodone	chlordiazepoxide (Librium)
acidifier	clonidine (Catapres)
action of diuretic	codeine
administering medication	communication
administration directions	congestive heart failure
administration error	considerations for antibiotics
adverse effects	constipation
adverse reaction	contraindicated
Advil	controlled substance act
affects of medication	controlled substances
Albuterol	coronary artery disease
alendronate sodium (Fosamax)	correct administration
alkalizer	corticosteroid therapy
allergic reactions	corticosteroids
alveoli	cough medications
amber-colored containers	crushing medications
aminoglycoside	culture and sensitivity
aminoglycosides	current information
analgesic	decongestant
analgesics	delegation
anaphylactic reactions	depression
anaphylaxis	diabetes
anemia	diarrhea
anti-anginals	diazepam (Valium)
antiarrhythmic	digitalis
antiarthritics	digoxin (Lanoxin)
antibiotic	discoloration
antibodies	discontinued medication
anticholinergic	diuretic
anticoagulants	documentation
anticonvulsants	docusate sodium (Colace)
antiemetic	dosage
antihistamines	drug abuse
antihypertensive	drug build-up
antiinfective	drug classification
antileptics	drug dependence
antiparkinson	Drug Enforcement Agency
antipruritic	drug interactions
antipsychotic	drug metabolism
antitussive	drug orders
aspiration	drug reference
aspirin	dyspnea
astringents	ear drops
atorvastatin calcium (Lipitor)	edema
bacterial infections	emphysema
benzodiazepine	enalapril maleate (Vasotec)
bid	enteric coatings
bipolar disorder	epiglottis
Board of Nursing	estradiol (Estrace)
broad spectrum	estrogen
bulk-forming laxative	excretion
Calamine/diphenhydramine (Benadryl)	expected adverse affects
calcium	expiration date

extrapyramidal symptoms (EPS)
eye medications
facility policy
fast sugar
fat soluble
fats
FDA requirement
fluoxetine hydrochloride (Prozac)
furosemide (Lasix)
garlic
ginger
gingko biloba
glaucoma
glipizide (Glucotrol XL)
gout
gtt
hallucination
haloperidol (Haldol)
hand washing
held medication
herbal medications
histamine
hormones
hs
hydrocortisone (Synacort)
hypercalcemia
hyperglycemia
hyperkalemia
hyponatremia
hypertension
hypoglycemia
ibuprofen
ibuprofen (Motrin)
infections
inflammation
integumentary system
international time
iodine
iron
iron preparations
iron sulfate
itching
keratolytic agent
kidneys
laryngeal edema
laxatives
legal restriction
lethal dose
levaquin
levothyroxine sodium (Synthroid)
liquid medications
lisinopril (Zestril)
lithium carbonate (Lithane)
loop diuretic
lorazepam (Ativan)
MAR

maximum dose
medication administration
medication administration record
medication affects
medication assistant's role
medication calculation
medication error
medication inventory
medication label
medication order
medication order parts
medications affects
megadose
mesylate (Cogentin)
Milk of Magnesia
mineralocorticoid
missed medication
monamine oxidase inhibitor
muscle relaxants
naproxen (Naprosyn)
narcotics
narrow-spectrum antibiotic
nasal medication
nitrofurantoin (Furadantin)
nitroglycerin
nose drops
NSAIDs
Nursing Drug Reference manual
ophthalmic medications
otic
oral antibiotic
oral hypoglycemics
oral medications
oral preparations
orthopnea
osteoporosis
OTC
otic
otic medications
overdose
over-the-counter
pancrelipase (Pancrease)
Parkinson's disease
paroxetine (Paxil)
paroxetine hydrochloride (Paxil)
pathogens
pc
pediculicide
penicillin
perineal
peripheral vascular disease
pharmacy label
pharynx
phenazopyridine (Pyridium)
phenytoin (Dilantin)
placebo

platelets
pleura
pleurisy
pneumonia
po
potassium
potassium loss
potassium rich foods
potassium sparing diuretic
prednisone (Meticorten)
prescription
prescription label
prescription warnings
priorities
PRN order
protocol
psoriasis
psychotropic medications
Psyllium hydrophilic muciloid (Metamucil)
rebound effect
recommended daily allowances (RDA)
rectal suppository
refusing medication
reporting changes
resident rights
responsibilities
reverse isolation
rheumatoid disorders
rifampin (Rifadin)
role/responsibilities
route of medication
scabies
schedule I
scheduled medication lock box
scheduled narcotic
scope of work
sedatives
seizures
sensitivity to medications
serotonin reuptake inhibitors
sertraline hydrochloride (Zoloft)
side effects
six rights
skin disorder
skin rashes
skin tears
soluble vitamins
St. Johns Wort
stimulants
sublingual
sulfonamides
superinfection
suppository
suspension of medications
swallowing medications
synthroid
tablet color
tablet disposal
tachycardia
tetracyclines
theophylline (Theophylline)
therapeutic dose
Thiazide diuretic
thyroid
ticlodipine (Ticlid)
tid
tinnitus
tolbutamide (Orinase)
topical medications
toxic
trachea
transdermal patch
triamcinolone (Aristocort)
types of orders
unit dose packaging
uric acid
uricosuric agents
urinary antibacterial
valid prescriptions
vitamin A
vitamin B12
vitamin B2
vitamin C
vitamin D
vitamin K
vomiting
warfarin (Coumadin)

