



**D&S Diversified Technologies LLP**

**Headmaster LLP**

# **Arizona Medication Assistant Candidate Handbook**

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*EFFECTIVE: February 1, 2022*

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Version 4

# Arizona Medication Assistant Candidate Handbook

EFFECTIVE: February 1, 2022

## Contact Information

Questions regarding testing process • test scheduling • and eligibility to test: <b>(800) 393-8664</b>		
Questions about Medication Assistant certification • renewals • or Registry: <b>(602) 771-7800</b>		
<b>D&amp;S Diversified Technologies (D&amp;SDT)-Headmaster, LLP</b> PO Box 6609 Helena, MT 59604-6609  Email: <a href="mailto:arizona@hdmaster.com">arizona@hdmaster.com</a> Web Site: <a href="http://www.hdmaster.com">www.hdmaster.com</a> TestMaster Universe (TMU©): <a href="https://az.tmutest.com">https://az.tmutest.com</a>	Monday through Friday 8:00 AM – 6:00 PM (MST)	Phone #: (800) 393-8664  Fax #: (406) 442-3357
<b>Arizona State Board of Nursing (AZBN)</b> 1740 W. Adams Street, Suite 2000 Phoenix, AZ 85007-2607  Email: <a href="mailto:Arizona@azbn.gov">Arizona@azbn.gov</a> Web Site: <a href="http://www.azbn.gov">www.azbn.gov</a>	Monday through Friday 8:00 AM – 5:00 PM	Phone #: (602) 771-7800

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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 in the state of Arizona, 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 examination and is designed to help prepare candidates for testing.

There are two parts to the Medication Assistant competency examination—a multiple-choice knowledge test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Arizona Board of Nursing (AZBN) for certification in Arizona.

Arizona has approved D&S Diversified Technologies (D&SDT)-Headmaster LLP to provide tests and scoring services for Medication Assistant Testing. For question not answered in this handbook please contact D&S Diversified Technologies (D&SDT)-Headmaster at (800)393-8664 or go to D&SDT-Headmaster's [Arizona Medication Assistant webpage](#).

## AZBN Requirements Before Starting a Medication Assistant Training Program

In order to start a medication assistant training program, the following criteria must be met:

- Candidates must have been licensed and worked as a Licensed Nursing Assistant (LNA) for at least six (6) months **before** starting the medication assistant training program.
- Candidates must have no outstanding complaints or restrictions on their nursing assistant certification.
- Candidates must successfully complete an approved 100 hours Certified Medication Assistant training program.
- Candidates must pass the Certified Medication Assistant Competency Exam Knowledge and Skill tests components.
- The CMA Knowledge and Skill tests must be passed within one year after taking the training.
  - If not passed within one year from completion of training date, candidates must retake the training.

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## Americans with Disabilities Act (ADA)

### ADA Compliance

If you have a qualified disability, you may request special accommodations for examination. Accommodations must be approved by the Arizona State Board of Nursing (AZBN) in advance of examination. The request for [ADA Accommodation Form 1404AM](#) is available on the Arizona Medication Assistant page of the D&SDT-Headmaster website under the Candidate Forms column.

This form must be submitted to D&SDT-Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation.

## The Arizona Medication Assistant Competency Exam

### Payment Information

Exam Description	Price
Knowledge Test or Retake	\$25
Skill Test or Retake	\$70

### Completing your Initial Login

#### MEDICATION ASSISTANT TRAINING PROGRAM CANDIDATES

Your initial information will be entered in D&SDT-Headmaster's TestMaster Universe® (TMU®) software. You must sign in to TMU® at <https://az.tmutest.com> using your secure email or username and password and complete your demographic information. If you do not know your username and/or password, enter your email address and click on "Forgot Your Password?" You will be asked to re-enter your email and then click "Recover Your Account" a 'reset password link' will be sent to your email (**see instructions under 'Forgot your Password and Recover your Account'**). If you are unable to sign in for any reason, contact D&SDT-Headmaster at (800)393-9664 during regular business hours 8:00AM to 6:00PM, Mountain Standard time (MST), Monday through Friday, excluding Holidays.

#### EDUCATION WAIVERS FOR MILITARY, FOREIGN GRADUATE OR NURSING STUDENT

### Requirements

For information on MA Education Waivers visit the AZBN website [www.azbn.gov](http://www.azbn.gov) then click on Applications and Forms and scroll down to "Other Form Downloads".

If you have an AZBN-approved MA Education Waiver (military, foreign graduate or nursing student), D&SDT-Headmaster will enter your initial information in TestMaster Universe (TMU®) upon receipt of your application. Complete the D&SDT-Headmaster [MA Application Form 1101AM](#) (this form can be found on the [AZ MA page](#) of our website).

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Email ([arizona@hdmaster.com](mailto:arizona@hdmaster.com)), mail (PO Box 6609, Helena, MT 59604) or fax (406)442-3357 this form, **along with a copy of your AZBN MA Education Waiver approval**, to D&SDT-Headmaster.

Double-check your FIRST and LAST name, phone number and email address before signing the D&SDT-Headmaster testing application. Unsigned applications will be returned to you, which will delay testing.

Once D&SDT-Headmaster has entered your initial information in the TMU© database, you will receive an email and text message notifying you that you must sign in to TMU© at <https://az.tmutest.com> and complete your demographic information, pay and schedule an exam date. Please see instructions under **'Completing your Initial Login'** and **'Schedule/Reschedule into a Test Event'**. If you are unable to sign in for any reason, contact D&SDT-Headmaster at (800)393-8664 during regular business hours 8:00AM to 6:00PM Monday through Friday, MST, excluding Holidays.

### *Schedule an Exam*

In order to schedule an examination date, candidates must have successfully completed an Arizona Board of Nursing (AZBN) approved, Medication Assistant (MA) training program or have an AZBN-approved MA Education Waiver. In addition, all Medication Assistant certification exam candidates must be registered with D&SDT-Headmaster by their training program, unless a waiver is granted by the AZBN. Your registration information will be transmitted to the AZBN upon passing both portions of the CMA exam.

Once your completed record is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Arizona Medication Assistant TMU© webpage at <https://az.tmutest.com> using your email and password (**see instructions under 'Schedule/Reschedule into a Test Event'**). If you are unable to sign in with your email, please call D&SDT-Headmaster for assistance at (800)393-8664 during regular business hours 8:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays.

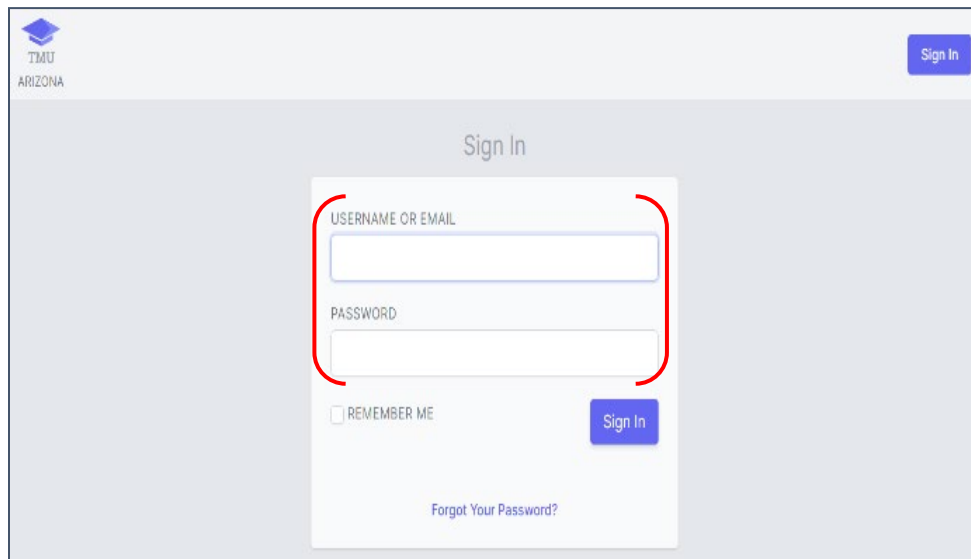
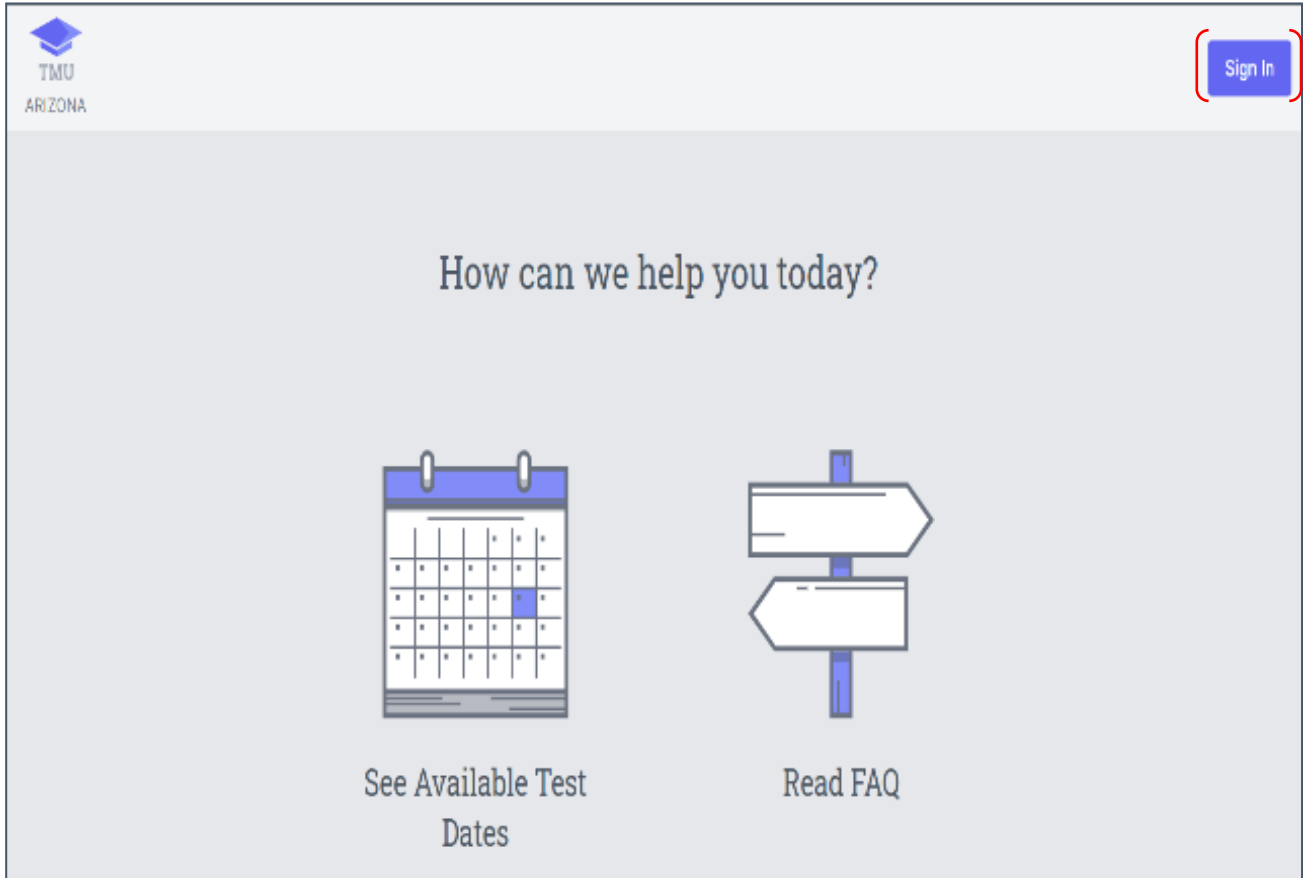
Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After testing fees are paid, you will be able to schedule and/or reschedule your test event up to the business day prior to a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may login with any Internet connected device. You will be scheduled to take your initial knowledge and skill tests on the same day. To schedule or reschedule your test date, sign in to the Arizona Medication Assistant TMU© webpage at <https://az.tmutest.com> with your email and password.

If you are unable to schedule/reschedule on-line, please call D&SDT-Headmaster at (800)393-8664 during regular business hours 8:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays, for assistance.

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This is the Arizona TMU© home page:



# Arizona Medication Assistant Candidate Handbook

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## FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT

Click on –  
Forgot Your  
Password?

Type in your **Email Address**  
Click on –  
**Recover Account**  
An email with the reset link will be  
emailed to you.  
Click on the reset link in your email to  
reset your password.  
**-OR-**  
You can type in the requested data  
under **Using other Information**  
Click on -  
**Recover Account**



# Arizona Medication Assistant Candidate Handbook

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TMU ARIZONA Sign In

### Recover Your Account

We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered.

Using your Email Address      Using other Information

E-MAIL ADDRESS \*  OR

Recover Account

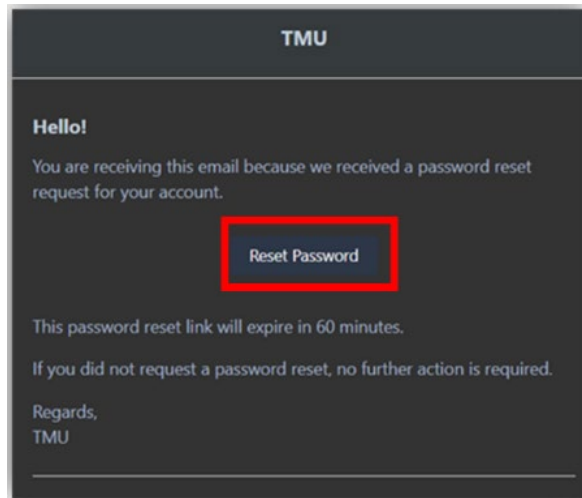
LAST 4 OF SSN \*

DATE OF BIRTH \*

LAST NAME \*

ZIP CODE \*

Recover Account



### Reset Your Password

E-MAIL ADDRESS

PASSWORD

CONFIRM PASSWORD

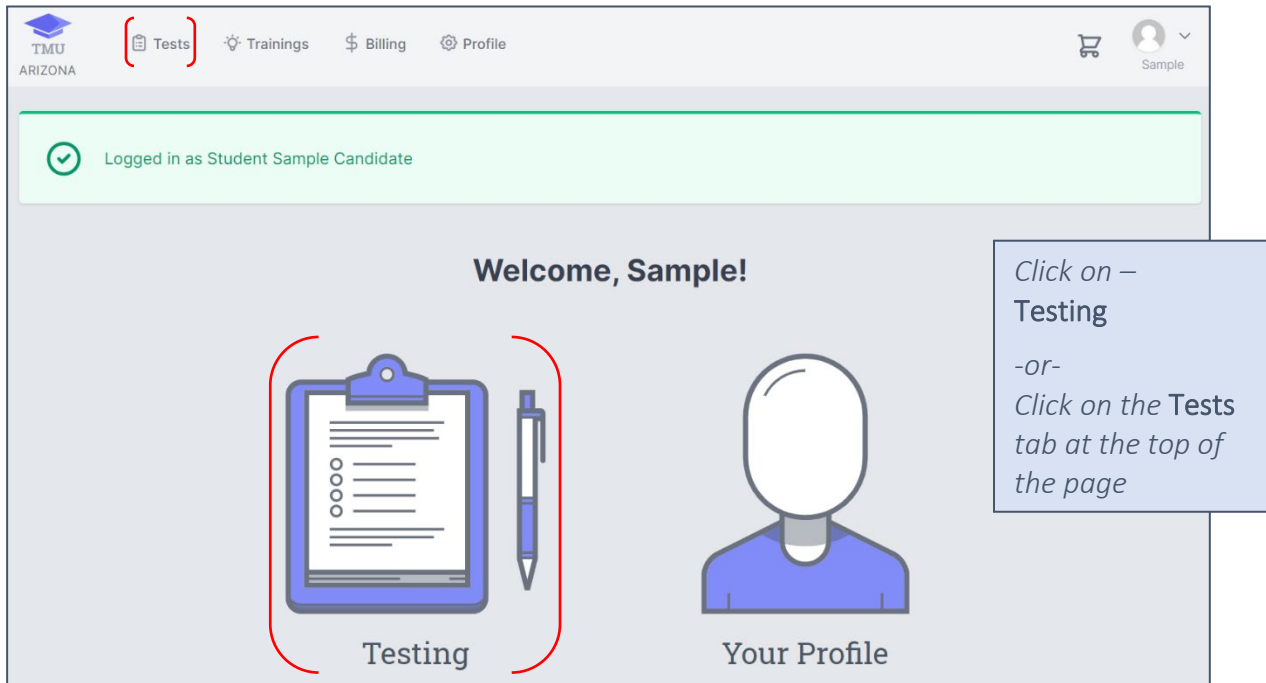
[Reset Password](#)

Type in your Password and Confirm Password, then click on – Reset Password

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This is the home screen you will see once you have signed in:



## SELF-PAY OF TESTING FEES

Testing fees will need to be paid before you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.

Securely processed Visa or MasterCard credit card or debit card information is required when paying testing fees online.

See next page.

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**Under Scheduling, click on the box to the left of Exam to select the test component – a checkmark will appear in the box.**

**Then click on- Add Selected Items to Cart**

Scheduling	EXAM	REASON
<input type="checkbox"/>		
<input checked="" type="checkbox"/>	Arizona Medication Aide Knowledge <small>Not Eligible</small>	Payment Required
<input checked="" type="checkbox"/>	Arizona Medication Aide Skill Test <small>Not Eligible</small>	Payment Required

Testing History

No test history on record.

**You will get a message that the Skill and Knowledge tests have been added to your cart and the Knowledge and Skill amount, click on- Pay with Credit Card**

DESCRIPTION	ITEM TYPE	AMOUNT
Arizona Medication Aide for Sample Candidate	Knowledge	25.00
Arizona Medication Aide Skill Test for Sample Candidate	Skill	70.00
<b>Total:</b>		<b>\$ 95.00</b>

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TMU ARIZONA

Home > Prepay

Prepay to Schedule

What You're Paying For

DESCRIPTION	COST
Arizona Medication Aide for Sample Candidate	25.00
Arizona Medication Aide Skill Test for Sample Candidate	70.00
<b>Total:</b>	<b>\$95.00</b>

Pay with a Card

CARDHOLDER NAME:

CARD NUMBER:

EXP MONTH:

EXP YEAR:

SECURITY CODE:

CARDHOLDER ADDRESS:

CITY:

STATE:

ZIP CODE:

Fill in the credit card information (Visa or MasterCard only) then,

click on- **Submit Payment**

You will receive a confirmation receipt of your transaction.

## SCHEDULE/RESCHEDULE INTO A TEST EVENT

Once your testing fees are paid for, you will be eligible to choose a test site and date. Follow the instructions in the next section to schedule/reschedule into a test event.

TMU ARIZONA

Home > Tests

Your Tests

Scheduling

EXAM	REASON
Arizona Medication Aide Knowledge Eligible	<input type="button" value="Schedule"/>
Arizona Medication Aide Skill Test Skill Eligible	<input type="button" value="Schedule"/>

Testing History

No test history on record.

Pretests

PRETEST	ELIGIBILITY
Medication Aide Training Pretest Skill Eligible	<input type="button" value="Begin Test"/>

All eligible test events will appear in this format.  
To select a test, click on - **Schedule** next to the corresponding test component, knowledge or skills.

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TMU ARIZONA  
Tests Trainings Profile  
Home > Tests > Find Event  
Find Event ARIZONA MEDAIDE

TEST DATE	TEST SITE	SCHEDULING FOR
06/16/2021 1:00 PM MDT	PRACTICE TEST SITE (TS) PHOENIX, AZ	K Arizona Medication Aide
06/16/2021 1:00 PM MDT	PRACTICE TEST SITE (TS) PHOENIX, AZ	S Arizona Medication Aide Skill Test

To select a test site and test date, click on – **Schedule**

az.tmutest.com says  
Schedule into this Event on 06/16/2021 for Arizona Medication Aide Skill Test Skill . Are you sure?

OK Cancel

To confirm this is the site and date you want to schedule into, click on – **OK**

Home > Tests  
Your Tests

Student Dorrance, Paul L. scheduled into Skill for Arizona Medication Aide Skill Test.

EXAM	REASON
Arizona Medication Aide Knowledge Eligible	Schedule
Arizona Medication Aide Skill Test Skill Not Eligible	Already Scheduled

TEST DATE	EXAM	TEST SITE	STATUS
06/16/2021 1:00 PM MDT	Arizona Medication Aide Skill Test Skill	PRACTICE TEST SITE (TS) PHOENIX, AZ	Scheduled

This screen confirms you are scheduled into a test date to take your skills exam. You will get the same message when scheduled into your knowledge exam. Your status shows **Scheduled** and a note at the top of your screen also shows you are scheduled. Click on- **Test Confirmation Page** to see your test confirmation with important reminders for testing.

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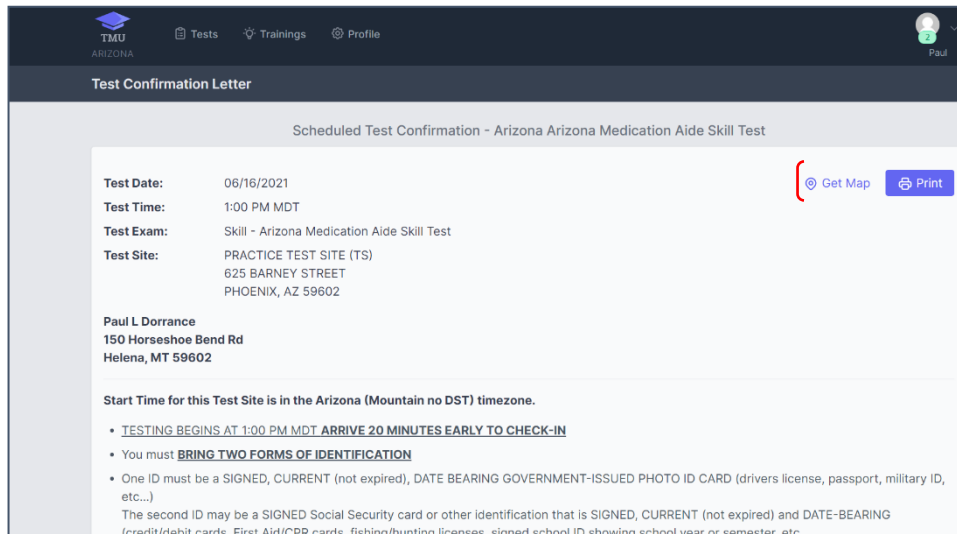
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## TEST CONFIRMATION LETTER

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time and address). It can be accessed at any time.

The body of the test confirmation letter will give you state specific instructions on what time to arrive by, ID requirements, dress code, etc.

***It is important you read this letter!***



Click on-  
**Print**  
to print your  
confirmation letter.

Click on-  
**Get Map**  
to get directions to  
the test site.

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

D&SDT-Headmaster **does not send** postal mail test confirmation letters to candidates.

### ***Time Frame for Testing from Training Program Completion***

You will be scheduled to take your knowledge and skill tests on the same day. You must schedule a test **within one year of your date of training program completion**. After one year, if you have not tested and passed, you must complete another AZBN approved Medication Assistant training program in order to be eligible to schedule testing.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the Arizona TMU© site.

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664, during regular business hours 8:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays.

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## Exam Check-In

You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your exam is scheduled to start. (*For example:* if your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:30 to 7:40AM.)

## Testing Attire

You must be in full clinical attire; scrubs- which consists of: a scrubs top and scrub pants, scrub skirt (long, loose-fitting) or scrub dress (long, loose-fitting). No opened toed shoes are allowed. Scrubs and shoes can be any color/design.

You may bring a standard watch with a second hand. No smart watches or fitness monitors are allowed.

Long hair must be pulled back.

***Please note: 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 forfeit your testing fees and have to pay for another exam date.***

## Identification

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 unless a **US VISA** is included*)
- Military Identification (that meets all identification requirements)
- Alien Registration Card (that meets all identification requirements, *a fingerprint is acceptable in place of a signature*)
- Tribal Identification Card (that meets all identification requirements)
- Work Authorization Card (that meets all identification requirements)

**Please note:** 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. You will not be admitted for testing and you will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

The **FIRST** and **LAST** names listed on the mandatory ID presented to the RN Test Observer during sign-in at your test event ***MUST EXACTLY MATCH*** the FIRST and LAST names that were entered in the TMU© database by your training program. You may call D&SDT-Headmaster at (800)393-8664 to confirm that your name of record matches your US government issued ID, or sign in to your record in TMU© to check on or change your demographic information.

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**Please note:** You will not be admitted for testing if you do not bring the mandatory identification. Check to be positive that both your FIRST and LAST printed names on your form of ID match your current name of record in TMU©. In cases where names do not match, this is considered a NO SHOW and you will forfeit your testing fees and have to pay for another exam date.

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

### *Instructions for the Knowledge and Skill Tests*

Test instructions for the knowledge and skill tests will be provided in written and oral format in the waiting area when you sign-in for your test. Oral and PDF versions are also available anytime from your smart phone via the link on D&SDT-Headmaster's Arizona Medication Assistant webpage, [www.hdmaster.com](http://www.hdmaster.com), under the Candidate column.

These instructions detail the process and what you can expect during your exams. Please read through the instructions (or listen to them on your smart phone) **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

### *Testing Policies*

The following policies are observed at each test site—

- Plan to be at the test site up to five (5) hours, in the worst-case scenario.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20-30 minutes before your scheduled start time – if you test start time is 8:00am, you need to be at the test site by 7:40am at the latest), you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government issued, photo bearing form of identification, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If the FIRST and LAST printed names on your photo bearing form of identification do not match your FIRST and LAST names in your TMU© record, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not wear scrubs and the appropriate shoes and conform to all testing policies, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*.
- **ELECTRONIC DEVICES AND PERSONAL ITEMS:** Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as briefcases, water bottles, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices and you are to collect these items when you complete your test(s).



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- All electronic devices must be **turned off**. Any smart watches, fitness monitors or Blue-tooth connected devices must be removed from your wrist/body.
- Anyone caught using any type of electronic recording device during testing will be removed from the testing room(s), have their test scored as a failed test, forfeit all testing fees, will not be permitted to test for 6 months and will be reported to their training program and the Arizona Board of Nursing (AZBN).
- You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- Foreign language translation dictionaries in any form are not allowed during testing.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke (including e-cigarettes or vape) during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam 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 exam.
- 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 exam, your test will be scored as a failure and you will be reported to your training program and the Arizona State Board of Nursing.
- No visitors, guests, pets (including companion animals) or children are allowed. Service animals with an approved ADA accommodation in place 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. (i.e.: cast, arm/leg braces, crutches, etc.) Call D&SDT-Headmaster immediately if you are on doctor's orders. You must fax a signed doctor's order **within three (3) business days** of your scheduled exam day to qualify for a free reschedule.
- ***Please review this Arizona Medication Assistant Candidate Handbook before your test day for any updates to testing and/or policies.***

### ***Incident Weather Policy and Unforeseen Circumstances***

If an exam date is cancelled due to weather or other unforeseen circumstances, D&SDT-Headmaster staff will make every effort to contact you via email, text message and phone call using the contact information we have on file to reschedule you, for no charge, to a mutually agreed upon new test date. Therefore, you must keep your contact information up to date in case we need to contact you. See more information under No Show Exceptions.

### ***Candidate Feedback – Exit Survey***

Candidates are provided the opportunity to complete an exit survey via a link to a Google Docs Survey when checking their test results in their TMU© record. The survey is confidential and will not have any bearing on the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

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### Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failed test. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to your training program and to the AZBN. You will not be allowed to retest for a minimum period of six (6) months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to AZBN and is subject to prosecution to the full extent of the law. Your test will be scored as a failed test and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You will be reported to your training program and the AZBN and you may need to obtain permission from AZBN in order to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, etc.), your test will be stopped and scored as a failed test. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to your training program and to AZBN and you may need to obtain permission from AZBN in order to be eligible to test again.

### Reschedules

All candidates may reschedule for free online at <https://az.tmutest.com> any time up until one (1) business day before a scheduled test day, excluding Saturdays, Sundays and Holidays. Reschedules are subject to a \$35 fee that must be paid in full prior to a D&SDT-Headmaster staff assisted reschedule.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date online by signing in to your record at <https://az.tmutest.com>. (See instructions under ‘Schedule/Reschedule into a Test Event’.)

- Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business the Thursday before your scheduled exam. D&SDT-Headmaster is open 8:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays.

Scheduled test date is on a:	Reschedule the previous:
Monday	The previous Thursday
Tuesday	The previous Friday
Wednesday	The previous Monday
Thursday	The previous Tuesday
Friday	The previous Wednesday
Saturday	The previous Thursday
Sunday	The previous Thursday

**Please note:** Reschedules will not be granted less than one full business day prior to a scheduled test date.

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## *Refund of Testing Fees Paid*

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Arizona Medication Assistant certification test at all.

## SCHEDULED IN A TEST EVENT

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at [www.hdmaster.com](http://www.hdmaster.com) at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.

Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at [www.hdmaster.com](http://www.hdmaster.com) by close of business the Thursday before your scheduled exam. D&SDT-Headmaster is open until 6:00PM Mountain Standard time.

- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- 3) Refund requests must be made within thirty (30) days of payment of original testing fees with HEADMASTER. Any requests for refunds made beyond the 30 days of original payment of testing fees with HEADMASTER will not be issued.

## NOT SCHEDULED IN A TEST EVENT

- 1) Refund requests must be made within thirty (30) days of original payment of testing fees with HEADMASTER. Any requests for refunds made beyond the 30 days of original payment of testing fees with HEADMASTER will not be issued.
- 2) A refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at [www.hdmaster.com](http://www.hdmaster.com). No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

## *No Shows*

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, Sunday, and Holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or cancellation request is not received before the one (1) full business day preceding a scheduled test event, excluding Saturdays, Sundays, and Holidays

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(see examples under Reschedules and Refunds of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

## NO SHOW EXCEPTIONS

Exceptions to the No Show status exist. If you are a No Show for any test component for any of the following reasons, test fees will be refunded or a free reschedule will be authorized to the remitter of record **with appropriate documentation provided within the required time frame.**

- **Car breakdown or accident:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a tow bill, police report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Weather or road condition related issue:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a road report, weather report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Medical emergency or illness:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Death in the family:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family includes parents, grand and great-grand parents, siblings, children, spouse or significant other.)

## *Test Results*

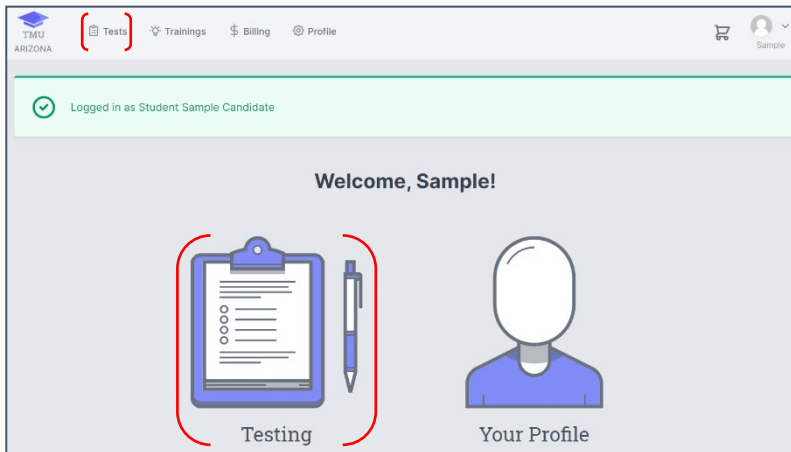
After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results will be available by signing in to your TMU© record after 6:00PM (MST) the business day after your test event.

**Please note:** D&SDT-Headmaster does not send postal mail test result letters to candidates.

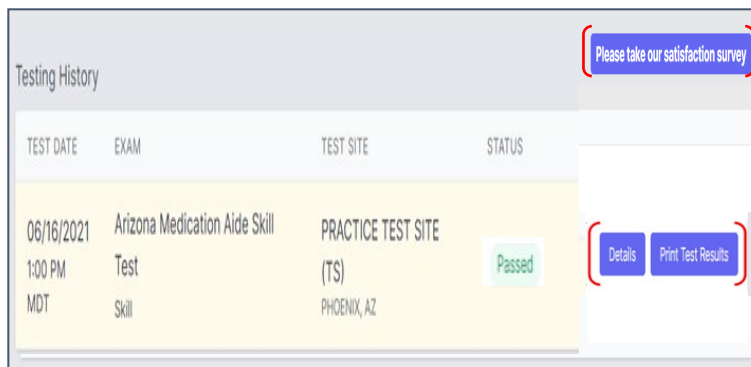
To view your test results, sign in to your record in TMU© at <https://az.tmutest.com>. (Refer to the screen shots below.)

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Click on –  
Testing  
-or-  
Click on the Tests  
tab at the top of  
the page



Click on – Details  
to view your results.  
Click on Print Test  
Results to print your  
results.  
Click on Please take  
our satisfaction  
survey to complete  
the exit survey.

## Test Attempts

You have **unlimited attempts** to pass the knowledge and skill test portions of the exam **within one year from your date of Medication Assistant training program completion**. If you do not successfully complete testing within one year from completion of training, you must complete a new AZBN approved training program in order to become eligible to further attempt Arizona Medication Assistant examinations.

## Retaking the Medication Assistant Test

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule a new exam date.

You can schedule a test or re-test online by signing in to your TMU© record at <https://az.tmutest.com>. (See screen shots under “Schedule/Reschedule into a Test Event” for rescheduling instructions.)

You will need to pay with a Visa, Master Card or debit card before you are able to schedule.

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (800)393-8664 during regular business hours 8:00AM to 6:00PM Monday through Friday, MST, excluding

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Holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

### Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the PDF fillable [Test Review Request and Payment Form 1403](#) available on D&SDT-Headmaster's main webpage at [www.hdmaster.com](http://www.hdmaster.com). Submit the Test Review Fee of \$25 (Visa, MasterCard or debit card) and a detailed explanation of why you feel your dispute is valid **within three (3) business days** from official scoring of your test (excluding Saturdays, Sundays and Holidays). Late requests will be returned and will not be considered.

**Note:** Please call D&SDT-Headmaster at (800)393-8664 during regular business hours 8:00AM to 6:00PM Monday through Friday, MST, excluding Holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request. If, after investigation, the finding of the review is in your favor, you will not be charged the \$25 test review deposit.

Since one qualification for certification as an Arizona medication assistant 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, D&SDT-Headmaster will pay your re-test fee. D&SDT-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. D&SDT-Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer and professional Actor for any additional recollection of your test(s). D&SDT-Headmaster will only discuss test results or test disputes with the candidate or the candidate's training program/instructor. D&SDT-Headmaster will not review test results or disputes with family members or anyone else on behalf of the candidate. D&SDT-Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address and to the Arizona Board of Nursing.

### Applying for an Arizona License

To apply for certification as a Certified Medication Assistant with AZBN, you must adhere to the following:

- All CMA's must apply together with the LNA license.
- All CMA's must be 18 years old and older.
- All CMA's must have a high school diploma or GED.
- All CMA's must have a lawful presence and photo ID's.



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- Please see Citizenship and Alien Status on the [Arizona Board of Nursing website](#) for more information.
- From the Arizona Board of Nursing webpage under Licenses and Certifications:

## [Arizona Statement of Citizenship & Alien Status](#)

All applicants must answer questions on the application regarding citizenship. A Xeroxed copy of a document that shows evidence of your citizenship or alien status MUST BE submitted with your application for licensure or renewal. See [List A](#) or [List B](#).

After you have successfully passed both the Knowledge Test and Skill Test components of the medication assistant exam, your test results will be sent electronically to the Arizona Board of Nursing by D&SDT-Headmaster.

From the Arizona State Board of Nursing webpage, [www.azbn.gov](http://www.azbn.gov), select the option to apply for a license or certificate. You will be taken to the Arizona Nurse Portal, where you can apply for certification, check on application status, and update your information with the Board. Once you have created a Nurse Portal account, you will have access to start and submit the Certified Medication Assistant (CMA) application. You will be notified by AZBN when you have met all criteria to be a Certified Medication Assistant in Arizona.

## The Knowledge Test

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of 60 minutes (one hour) to complete the 55 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as “What does this question mean?”) **You must have a score of 80% or better to pass the knowledge portion of the exam.**

Electronic testing using TMU© internet connected computers is utilized at all sites in Arizona. The knowledge test portion of your exam will be displayed on a computer screen for you to read and key/tap or click in your answers.

**NOTE: You will need your TMU© Username or Email and Password to sign in to your knowledge test.** The Knowledge Test Proctor will provide you a code at the test event to start your test.

Per the Arizona State Board of Nursing, no foreign translation dictionaries in any format are allowed during testing.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Arizona Board of Nursing.

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### Knowledge Test Content

The Knowledge Test consists of 55 multiple-choice questions. Questions are selected from subject areas based on the AZBN approved Arizona Medication Assistant test plan from all the required categories as defined in the federal regulations. The subject areas are as follows:

SUBJECT AREA	NUMBER OF QUESTIONS	SUBJECT AREA	NUMBER OF QUESTIONS
Allowable Route	3	Medication Administration	10
Body Systems – A&P	3	Regulations	3
Controlled Substances	2	Resident Safety – Infection Control	2
Documentation	3	Role and Responsibility	7
Effects of Medication	10	Six Rights	3
Error Reporting	3	Terminology	6

The following are a sample of the kinds of questions that you will find on the Knowledge test.

**1. An order for Colace qd would require that you 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: 1-B | 2-D | 3-B

### The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Arizona approved medication assistant skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at sign-in.



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- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Two (2) medication administration tasks will be randomly selected from the list of skill tasks for you to perform as your skill test. Each of your randomly selected tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- After hearing a scenario, you will go to and use the MAR to determine what medications to obtain from the locked medication cart. You will administer the medications obtained to a live resident actor.
- You will be allowed a maximum of **25 minutes** to complete your medication administrations. After 10 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on all medication administrations assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to make a correction. You will need to correctly demonstrate the step or steps on the task you believe you performed incorrectly in order to receive credit for the correction.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted 25 minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are not order dependent, unless the words BEFORE or AFTER are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

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## Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each task are the steps required for a medication assistant candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. You will be scored only on the steps listed. If you fail a single task, you will have to take another skill test with two tasks on it. The skill tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your medication administration tasks and record what she/he sees you do. D&SDT-Headmaster scoring teams will officially score and double check your test.

**Please note:** The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Arizona Medication Assistant skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

## EAR DROPS / TABLET MEDICATION ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medications to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open container.
- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Pour correct number of prescribed tablets into medication cup without touching medication.
- 14) Lock medication cart.
- 15) Close or cover MAR.
- 16) Greet resident.
- 17) Introduce self by name as a medication assistant.
- 18) Explain the procedure to the resident.
- 19) Ask resident to state his/her name.
- 20) Ask resident to state his/her date of birth.

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- 21) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Give resident a glass of water.
- 23) Assist resident to take medication.
- 24) Watch the resident until the medication is swallowed.
- 25) Lower the head of the bed.
- 26) Shake medication before use.
- 27) Remove container lid.
- 28) Do not contaminate lid during removal, replacement or while off container.
- 29) Turn resident's head toward correct side with correct ear upward.
- 30) Hold resident's external ear flap (pinna) and pull up and back.
- 31) Instill the correct number of prescribed drops of medication into the ear.**
- 32) Do not touch inside of resident's ear canal with the container tip.
- 33) Tell resident to not move his/her head for a few minutes.
- 34) Return medication to the medication cart.
- 35) Lock medication cart.
- 36) Document administration on the medication administration record (MAR) on the correct day.**
- 37) Initial and sign MAR.
- 38) Close or cover MAR.
- 39) Maintain respectful, courteous interpersonal communications during administrations.
- 40) Place call light within easy reach of the resident.
- 41) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### EYE DROPS / TABLET MEDICATION ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medications to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open container.
- 12) Do not contaminate lid during removal, replacement or while off container.

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- 13) Pour correct number of prescribed tablets into medication cup without touching medication.
- 14) Lock medication cart.
- 15) Close or cover MAR.
- 16) Greet resident.
- 17) Introduce self by name as a medication assistant.
- 18) Explain the procedure to the resident.
- 19) Ask resident to state his/her name.
- 20) Ask resident to state his/her date of birth.
- 21) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Give resident a glass of water.
- 23) Assist resident to take medication.
- 24) Watch resident until the medication is swallowed.
- 25) Put on gloves.
- 26) Remove container lid.
- 27) Do not contaminate lid during removal, replacement or while off container.
- 28) Gently tilt resident's head back with chin up.
- 29) Pull down on resident's lower eye lid of the correct eye making a pocket.
- 30) Ask resident to look up toward forehead.
- 31) Drop correct number of prescribed drops of medication into the pocket.**
- 32) Container tip does not touch resident's eye.
- 33) Apply gentle pressure to inner corner of resident's eye.
- 34) Use tissue to remove any excess fluid from around resident's eye.
- 35) Remove and discard gloves.
- 36) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 37) Return medication to the medication cart.
- 38) Lock medication cart.
- 39) Document administration on the medication administration record (MAR) on the correct day.**
- 40) Initial and sign MAR.
- 41) Close or cover MAR.
- 42) Maintain respectful, courteous interpersonal communications during administrations.
- 43) Place call light within easy reach of the resident.
- 44) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## NASAL SPRAY / TABLET MEDICATION ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open containers.
- 12) Do not contaminate lids during removal, replacement or while off container.
- 13) Pour correct number of prescribed tablets into medication cup without touching medication.
- 14) Lock medication cart.
- 15) Close or cover MAR.
- 16) Greet resident.
- 17) Introduce self by name as a medication assistant.
- 18) Explain the procedure to the resident.
- 19) Ask resident to state his/her name.
- 20) Ask resident to state his/her date of birth.
- 21) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Give resident a glass of water.
- 23) Assist resident to take medication one tablet at a time.
- 24) Watch resident until the medication is swallowed.
- 25) Remove container lid.
- 26) Do not contaminate lid during removal, replacement or while off container.
- 27) Have resident blow his/her nose.
- 28) Instruct resident to breath in with mouth closed.
- 29) Time administration of spray with resident's inhalation.
- 30) Administer correct number of prescribed spray(s) in resident's correct nostril.
- 31) Press resident's correct nostril closed while administering nasal spray.
- 32) Return medication to the medication cart.
- 33) Lock medication cart.
- 34) Document administration on the medication administration record (MAR) on the correct day.**
- 35) Initial and sign MAR.
- 36) Close or cover MAR.

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- 37) Maintain respectful, courteous interpersonal communications during administrations.
- 38) Place call light within easy reach of the resident.
- 39) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### ORAL CAPSULE MEDICATION ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open first container or pop medication from blister pack.
- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Pour correct number of prescribed capsules in medication cup without touching medication.
- 14) Open second container or pop medication from blister pack.
- 15) Do not contaminate lid during removal, replacement or while off container.
- 16) Pour prescribed number of capsules in medication cup without touching medication.
- 17) Return medication to the medication cart.
- 18) Lock medication cart.
- 19) Close or cover MAR.
- 20) Greet resident.
- 21) Introduce self by name as a medication assistant.
- 22) Explain the procedure to the resident.
- 23) Ask resident to state his/her name.
- 24) Ask resident to state his/her date of birth.
- 25) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 26) Give resident a glass of water.
- 27) Assist the resident to take the medication one capsule at a time.
- 28) Watch the resident until the medication is swallowed.
- 29) Document administration on the medication administration record (MAR) on the correct day.**
- 30) Initial and sign MAR.

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- 31) Close or cover MAR.
- 32) Maintain respectful, courteous interpersonal communications during administrations.
- 33) Place call light within easy reach of the resident.
- 34) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### ORAL LIQUID MEDICATION / EAR DROPS ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open container.
- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Set medication cup on level surface.
- 14) Pour correct amount of prescribed medication in medication cup.**
- 15) Check for correct amount of medication at eye level.
- 16) Lock medication cart.
- 17) Close or cover MAR.
- 18) Greet resident.
- 19) Introduce self by name as a medication assistant.
- 20) Explain the procedure to the resident.
- 21) Ask resident to state his/her name.
- 22) Ask resident to state his/her date of birth.
- 23) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 24) Assist resident to take oral medication.
- 25) Watch resident until the medication is swallowed.
- 26) Lower the head of the bed.
- 27) Shake medication before use.
- 28) Remove container lid.
- 29) Do not contaminate lid during removal, replacement or while off container.
- 30) Turn resident's head to correct side with correct ear upward.
- 31) Hold resident's external ear flap (pinna) and pull up and back.



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- 32) Instill the correct number of prescribed drops of medication into the ear.**
- 33) Container tip does not touch inside of resident's ear canal.
- 34) Tell resident to not move his/her head for a few minutes.
- 35) Return medication to the medication cart.
- 36) Lock medication cart.
- 37) Document administration on the medication administration record (MAR) on the correct day.**
- 38) Initial and sign MAR.
- 39) Close or cover MAR.
- 40) Maintain respectful, courteous interpersonal communications during administrations.
- 41) Place call light within easy reach of the resident.
- 42) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### ORAL LIQUID MEDICATION / TOPICAL OINTMENT MEDICATION ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open container.
- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Set medication cup on a level surface.
- 14) Pour correct amount of prescribed medication in medication cup.**
- 15) Check for correct amount of medication at eye level.
- 16) Lock medication cart.
- 17) Close or cover MAR.
- 18) Greet resident.
- 19) Introduce self by name as a medication assistant.
- 20) Explain the procedure to the resident.
- 21) Ask resident to state his/her name.
- 22) Ask resident to state his/her date of birth.
- 23) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**



- 24) Assist resident to take oral medication.
- 25) Watch resident until the medication is swallowed.
- 26) Inspect resident's correct forearm skin area where medication is to be applied.
- 27) Put on one glove.
- 28) Open container.
- 29) Do not contaminate lid during removal, replacement or while off container.
- 30) Squeeze ointment onto finger of gloved hand.
- 31) Apply ointment on gloved finger to resident's correct forearm.
- 32) Spread ointment to cover entire area that is to be treated.
- 33) Remove and discard glove.
- 34) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 35) Return medication to the medication cart.
- 36) Lock medication cart.
- 37) Document administration on the medication administration record (MAR) on the correct day.**
- 38) Initial and sign MAR.
- 39) Close or cover MAR.
- 40) Maintains respectful, courteous interpersonal communications during administrations.
- 41) Place call light within easy reach of the resident.
- 42) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## ORAL TABLET MEDICATION / EYE DROP ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Close or cover MAR.
- 6) Greet resident.
- 7) Introduce self by name as a medication assistant.
- 8) Explain the procedure to the resident.
- 9) Ask resident to state his/her name.
- 10) Ask resident to state his/her date of birth.
- 11) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 12) Listen to apical heart rate for 60 seconds with teaching stethoscope.
- 13) Record apical heart rate on the MAR.
- 14) Recorded apical heart rate is within 5 beats of the RN Test Observer's recorded apical heart rate.**

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- 15) Verbalize whether or not to proceed with medication administration based upon apical heart rate obtained.**
- 16) Obtain correct medications from the medication cart.
- 17) For each medication, identify the correct drug label for the correct resident's MAR.**
- 18) Identify the right drugs as obtaining the medications from the medication cart. (Show medications to the RN Test Observer.)**
- 19) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 20) Medications selected are for the correct time.**
- 21) Medications selected are for the correct routes.**
- 22) If proceeding with tablet administration, open container.
- 23) If proceeding with tablet administration, do not contaminate lid during removal, replacement or while off container.
- 24) If proceeding with tablet administration, pour correct number of prescribed tablets into the medication cup without touching the medication.
- 25) Lock medication cart.
- 26) Close or cover MAR.
- 27) If proceeding with tablet administration, give resident a glass of water.
- 28) If proceeding with tablet administration, assist resident to take medication.
- 29) If proceeding with tablet administration, watch the resident until the medication is swallowed.
- 30) Put on gloves.
- 31) Remove container lid.
- 32) Do not contaminate lid during removal, replacement or while off container.
- 33) Gently tilt resident's head back with chin up.
- 34) Pull down on resident's lower eye lid of the correct eye making a pocket.
- 35) Ask resident to look up toward forehead.
- 36) Drop correct number of prescribed drops of medication into the pocket.**
- 37) Do not touch resident's eye with container tip.
- 38) Apply gentle pressure to inner corner of resident's eye.
- 39) Use tissue to remove any excess fluid from around resident's eye.
- 40) Remove and discard gloves.
- 41) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 42) Return medication to the medication cart.
- 43) Lock medication cart.
- 44) Document administration on the medication administration record (MAR) on the correct day.**
- 45) Initial and sign MAR.
- 46) Close or cover MAR.

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- 47) Maintain respectful, courteous interpersonal communications during administrations.
- 48) Place call light within easy reach of the resident.
- 49) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### TOPICAL OINTMENT MEDICATION / ORAL CAPSULE MEDICATION ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medications to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open container.
- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Pour capsule in medication cup without touching the medication.
- 14) Lock medication cart.
- 15) Close or cover MAR.
- 16) Greet resident.
- 17) Introduce self by name as a medication assistant.
- 18) Explain the procedure to the resident.
- 19) Ask resident to state his/her name.
- 20) Ask resident to state his/her date of birth.
- 21) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Give resident a glass of water.
- 23) Assist resident to take medication.
- 24) Watch resident until the medication is swallowed.
- 25) Inspect resident's correct forearm skin area where medication is to be applied.
- 26) Put on one glove.
- 27) Open container.
- 28) Do not contaminate lid during removal, replacement or while off container.
- 29) Squeeze ointment onto finger of gloved hand.
- 30) Apply ointment on gloved finger to resident's correct forearm.
- 31) Spread ointment to cover entire area that is to be treated.
- 32) Remove and discard glove.

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- 33) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 34) Return medication to the medication cart.
- 35) Lock medication cart.
- 36) Document administration on the medication administration record (MAR) on the correct day.**
- 37) Initial and sign MAR.
- 38) Close or cover MAR.
- 39) Maintain respectful, courteous interpersonal communications during administrations.
- 40) Place call light within easy reach of the resident.
- 41) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### TOPICAL SPRAY MEDICATION / UNIT DOSE MEDICATION ADMINISTRATION

- 1) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Close or cover MAR.
- 6) Greet resident.
- 7) Introduce self by name as a medication assistant.
- 8) Explain the procedure to the resident.
- 9) Ask resident to state his/her name.
- 10) Ask resident to state his/her date of birth.
- 11) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 12) Listen to apical heart rate for 60 seconds with teaching stethoscope.
- 13) Record apical heart rate on the MAR.
- 14) Recorded apical heart rate is within 5 beats of the RN Test Observer's recorded apical heart rate.**
- 15) Verbalize whether or not to proceed with medication administration based upon apical heart rate obtained.**
- 16) Obtain correct medications from the medication cart.
- 17) For each medication, identify the correct drug label for the correct resident's MAR.**
- 18) Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
- 19) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 20) Medications selected are for the correct time.**
- 21) Medications selected are for the correct routes.**

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- 22) If proceeding with tablet administration, open container.
- 23) If proceeding with tablet administration, do not contaminate lid during removal, replacement or while off container.
- 24) If proceeding with tablet administration, pour correct number of prescribed tablets into the medication cup without touching the medication.
- 25) Lock medication cart.
- 26) Close or cover MAR.
- 27) If proceeding with tablet administration, give resident a glass of water.
- 28) If proceeding with tablet administration, assist resident to take medication.
- 29) If proceeding with tablet administration, watch the resident until the medication is swallowed.
- 30) Inspect resident's correct forearm skin area where medication is to be applied.
- 31) Open container.
- 32) Do not contaminate lid during removal, replacement or while off container.
- 33) Instruct resident to turn face away while spraying medication.
- 34) Spray one spray on area on resident's forearm.
- 35) Return medication to the medication cart.
- 36) Lock medication cart.
- 37) Document administration on the medication administration record (MAR) on the correct day.**
- 38) Initial and sign MAR.
- 39) Close or cover MAR.
- 40) Maintain respectful, courteous interpersonal communications during drug administrations.
- 41) Place call light within easy reach of the resident.
- 42) Perform hand hygiene with hand sanitizer.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### Knowledge Test Vocabulary List

abbreviation  
abnormal response  
to medication  
absorption  
absorption of drugs  
through the skin  
abuse  
administering  
medication  
administration

administration  
directions  
adverse effects  
adverse reaction  
Advil  
affects of medication  
Albuterol  
alendronate sodium  
(Fosamax)

allergic reactions  
allowable routes  
amber-colored  
containers  
aminoglycoside  
analgesic  
anaphylactic reaction  
anaphylaxis  
anemia

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angina pectoris  
antacids  
anti-coagulants  
anti-convulsants  
anti-hypertensive  
anti-microbial  
anti-psychotic  
anti-viral  
antiarrhythmic  
antiarthritics  
antibiotic  
antidepressants  
antidote  
antiemetic  
anti-infective  
antilipemics  
antineoplastics  
anti-Parkinson  
antipruritic  
antitussive  
apical  
aspiration  
aspirin  
astringents  
Ativan  
atorvastatin calcium  
(Lipitor)  
authorized duties  
bacterial infections  
benzodiazepines  
beta blockers  
black box warnings  
Board of Nursing

bulk-forming laxative  
calcium  
calculations  
carbamazepine  
(Tegretol)  
carbidopa/levodopa  
(Sinemet)  
cardiac  
cardiac medication  
cardiovascular drugs  
carisoprodol  
central nervous  
system  
certification criteria  
certification renewal  
cholesterol  
cirrhosis  
classification  
clonidine (Catapres)  
CMA eligibility  
Colace  
conduct unbecoming  
confidentiality  
congestive heart  
failure  
constipation  
continuing education  
contraindicated  
controlled drugs  
controlled  
medications  
controlled narcotics  
controlled substance

correct  
administration  
corticosteroids  
cough medications  
cumulative effect  
decongestants  
delegation  
delegation of  
medications  
Depakote  
dermatological  
medication  
diabetes  
diazepam (Valium)  
dietary supplements  
digitalis  
digoxin (Lanoxin)  
digoxin  
administration  
discontinued  
medication  
disposal  
diuretic  
documentation  
docusate sodium  
(Colace)  
dosage  
dosage calculation  
drug actions  
drug dependence  
Drug Enforcement  
Agency  
drug interactions

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drug metabolism  
drug reference  
drugs  
dyspnea  
ear drops  
edema  
electronic  
documentation  
enalapril maleate  
(Vasotec)  
enteric coatings  
error reporting  
estrogen  
excretion  
expected adverse  
affects  
extrapyramidal  
symptoms (EPS)  
eye medication  
facility policy  
fat soluble  
fluoxetine  
hydrochloride  
(Prozac)  
Food and Drug  
Administration  
requirement  
fraud  
furosemide (Lasix)  
glaucoma  
glipizide (Glucotrol  
XL)  
gout

habit forming  
haloperidol (Haldol)  
held medication  
herbal medications  
histamine  
hormones  
hyperglycemia  
hyperkalemia  
hypnotic  
hypoglycemia  
hypokalemia  
ibuprofen  
infection control  
infections  
inflammation  
insulin  
integumentary  
system  
international time  
interpreting  
administration  
directions  
iron preparations  
iron sulfate  
itching  
kidneys  
laxative  
laxative affects  
legal restriction  
lethal dose  
levothyroxine sodium  
(Synthroid)  
liquid administration

liquid medication  
lisinopril  
lithium carbonate  
(Lithane)  
lorazepam (Ativan)  
MAR  
maximum dose  
measurement  
equivalents  
measuring device  
medication  
administration  
medication  
administration  
documentation  
medication  
administration record  
medication affect  
medication affects on  
body  
medication aide role  
medication  
assistant's role  
medication  
calculation  
medication  
categories  
medication disposal  
medication error  
medication  
information  
medication  
interaction  
medication inventory

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medication  
knowledge  
medication label  
medication order  
medication route  
medication storage  
medications  
medications affect  
mg  
mineralocorticoid  
missed dose  
missed medication  
muscle relaxants  
naproxen (Naprosyn)  
narcotic medication  
narcotics  
narrow-spectrum  
antibiotic  
nasal medication  
nasal spray  
negligent  
nitrofurantoin  
(Furadantin)  
nitroglycerin  
nonsteroidal anti-  
inflammatory drugs  
nothing by mouth  
nurse supervision  
Nursing Drug  
Reference manual  
ophthalmic  
ophthalmic  
medication

optic  
oral antibiotic  
oral medications  
oral preparations  
osteoporosis  
OTC  
otic  
otic medication  
over-the-counter  
oxygen  
Parkinson's disease  
paroxetine  
hydrochloride (Paxil)  
pathogens  
pediculicide  
penicillin  
phenazopyridine  
(Pyridium)  
phenytoin (Dilantin)  
pituitary  
placebo  
potassium  
potassium sparing  
diuretic  
priorities  
privacy  
protocol  
Proventil  
psoriasis  
psychotropic drugs  
Psyllium hydrophilic  
muciloid (Metamucil)  
radial pulse

rebound effect  
rectal suppository  
refusing medication  
regulation  
reporting changes  
reporting errors  
resident rights  
responsibilities  
results of  
medications  
right drug  
right time  
role  
role and  
responsibilities  
route administration  
safety  
safety checks  
scheduled  
medication  
scheduled narcotic  
scope of practice  
scored tablet  
security  
sedatives  
seizures  
sertraline  
hydrochloride  
(Zoloft)  
sharps container  
side effects  
six rights  
skin disorder



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skin medication  
skin patches  
special instructions  
state regulation  
statin  
stimulants  
sublingual  
sulfonamides  
supplements  
suppository  
suspension of medications

swallowing medications  
systolic  
tablet disposal  
tachycardia  
terminology  
testing requirements  
Tetracyclines  
therapeutic dose  
thyroid  
tinnitus  
topical medication

toxic  
transdermal  
types of orders  
urinary System  
valid prescriptions  
Vitamins  
vomiting  
warfarin (Coumadin)  
water soluble  
vitamins

## Notes: