



**D&S Diversified Technologies LLP**

**Headmaster LLP**

# Arizona Medication Assistant Candidate Handbook

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*EFFECTIVE: January 1, 2024*

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Version 7

**Updates to the Medication Assistant Candidate Handbook – Effective: 1-1-2024**

Changes effective for testing are in **red font** and highlighted in gray.

## Contact Information

<b>Questions regarding:</b> the testing process • test scheduling • eligibility to test: <b>(800) 393-8664</b>		
<b>Questions regarding:</b> Medication Assistant certification • renewals • or Registry: <b>(602) 771-7800</b>		
<b>D&amp;S Diversified Technologies (D&amp;SDT), LLP-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="http://az.tmutest.com">az.tmutest.com</a>	Monday through Friday 6:00AM – 6:00PM <i>Mountain Standard Time (MST)</i>	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 8:00AM – 5:00PM	Phone #: (602) 771-7800

## Table of Contents

<b>INTRODUCTION .....</b>	<b>3</b>
<b>AZBN REQUIREMENTS BEFORE STARTING A MEDICATION ASSISTANT TRAINING PROGRAM .....</b>	<b>3</b>
<b>AMERICANS WITH DISABILITIES ACT (ADA) .....</b>	<b>4</b>
ADA COMPLIANCE .....	4
<b>THE ARIZONA MEDICATION ASSISTANT COMPETENCY EXAM .....</b>	<b>4</b>
PAYMENT INFORMATION .....	4
COMPLETING YOUR TMU© ACCOUNT .....	4
<i>Medication Assistant Training Program Candidates .....</i>	<i>4</i>
<i>Forgot your Password and Recover your Account .....</i>	<i>7</i>
<i>Education Waivers for Military, Foreign Graduate or Nursing Student.....</i>	<i>10</i>
<b>Requirements .....</b>	<b>10</b>
SCHEDULING AN ARIZONA MEDICATION ASSISTANT EXAM.....	10
<i>Self-Pay of Testing Fees .....</i>	<i>11</i>
SCHEDULE/RESCHEDULE INTO A TEST EVENT.....	13
<i>Test Confirmation Letter.....</i>	<i>14</i>
CHECKING/VIEWING YOUR TMU© NOTIFICATIONS.....	15
TIME FRAME FOR TESTING FROM TRAINING PROGRAM COMPLETION .....	16
EXAM CHECK-IN.....	17
TESTING ATTIRE .....	17
IDENTIFICATION.....	17
INSTRUCTIONS FOR THE KNOWLEDGE AND SKILL TESTS.....	18
TESTING POLICIES .....	18
RESCHEDULES .....	21

## Arizona Medication Assistant Candidate Handbook

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REFUND OF TESTING FEES PAID .....	21
<i>Scheduled in a Test Event</i> .....	21
<i>Not Scheduled in a Test Event</i> .....	22
UNFORESEEN CIRCUMSTANCES POLICY .....	22
INCLEMENT WEATHER POLICY .....	22
NO SHOWS .....	23
<i>No Show Exceptions</i> .....	23
TEST RESULTS .....	24
TEST ATTEMPTS .....	25
RETAKE THE MEDICATION ASSISTANT EXAM .....	25
TEST REVIEW REQUESTS .....	26
<b>APPLYING FOR AN ARIZONA LICENSE .....</b>	<b>27</b>
<b>THE KNOWLEDGE/AUDIO EXAM.....</b>	<b>27</b>
AUDIO VERSION OF THE KNOWLEDGE EXAM .....	28
<i>Enabling an Audio Version</i> .....	28
KNOWLEDGE EXAM CONTENT .....	29
<b>THE MANUAL SKILL TEST .....</b>	<b>30</b>
SKILL TASKS LISTING .....	31
<i>Ear Drops / Tablet Medication Administration</i> .....	32
<i>Eye Drops / Tablet Medication Administration</i> .....	33
<i>Nasal Spray / Tablet Medication Administration</i> .....	34
<i>Oral Capsule Medication Administration</i> .....	35
<i>Oral Liquid Medication / Ear Drops Administration</i> .....	37
<i>Oral Liquid Medication / Topical Ointment Medication Administration</i> .....	38
<i>Oral Tablet Medication / Eye Drop Administration</i> .....	39
<i>Topical Ointment Medication / Oral Capsule Medication Administration</i> .....	41
<i>Topical Spray Medication / Unit Dose Medication Administration</i> .....	42
<b>KNOWLEDGE TEST VOCABULARY LIST .....</b>	<b>43</b>

## 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 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.

## Americans with Disabilities Act (ADA)

### ADA Compliance

The Arizona Board of Nursing (AZBN) and D&SDT-Headmaster provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the medication assistant competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. Accommodations must be approved by D&SDT-Headmaster in advance of examination. The request for accommodations can be found on the [D&SDT-HEADMASTER webpage](#) and clicking on the PDF Fillable [ADA Accommodation Form 1404](#). Fill out the ADA Request and attach with the required documentation found on the second page of the request form to an email to: [arizona@hdmaster.com](mailto:arizona@hdmaster.com), in order to be reviewed for an accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

**Please allow additional time for your request to be approved.** If you have any questions regarding the ADA review process or specific required documentation, please call D&SDT-Headmaster at (800)393-8664.

## The Arizona Medication Assistant Competency Exam

### Payment Information

Exam Description	Price
Knowledge Exam or Retake	<b>\$25</b>
Audio Version of the Knowledge Exam or Retake	<b>\$35</b>
Skill Exam or Retake	<b>\$70</b>

### Completing your TMU© Account

#### Medication Assistant Training Program Candidates

Your initial registration information will be entered in D&SDT-Headmaster’s TestMaster Universe (TMU©) software.

**IMPORTANT:** Before you can test, you must sign in to the Arizona Medication Assistant TMU©, [az.tmutest.com](http://az.tmutest.com), using your secure Email or Username and Password and complete your demographic information.

- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your record has been created, that you sign in to your record, update your password and complete your demographic information.

## Arizona Medication Assistant Candidate Handbook

If you do not know your Email or Username and Password, enter your email address and click on “Forgot Your Password?” You will be asked to re-enter your email and 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)393-8664.

Screen you will see the first time you sign in to your TMU© record **with the demographic information you need to enter to complete your record:**

TMU ARIZONA Tests Trainings Billing Downloads Profile Best

Home > Setup Account

Setup Account

**We're Sorry, Your Account Still Needs Some Info**  
Enter the below information to finish setting up your account.

FIRST \* MIDDLE LAST \* SUFFIX  
Best Student

SOCIAL SECURITY # \* BIRTHDATE \* PHONE \*  
Encrypted for your safety

ADDRESS \*

CITY \* STATE ZIPCODE \*  
AZ

**DISCLAIMER**  
By completing your account you consent to your name and certification status being publicly listed on the Arizona registry

Finish Account Setup

Enter the blank \* fields  
and then click on-  
Finish Account Setup

TMU ARIZONA Tests Trainings Billing Downloads Profile Best



**Thanks, your account has now been setup.**

**Welcome, Best!**


Testing Your Profile

# Arizona Medication Assistant Candidate Handbook


This is the Arizona MA TMU© main page [az.tmutest.com](http://az.tmutest.com):




How can we help you today?



Available Test Dates



Search Missouri Registry



Read FAQ

## Sign In

USERNAME OR EMAIL

PASSWORD

REMEMBER ME

[Forgot Your Password?](#)

**Sign In**

If you have forgotten or do not know your Password, follow the instructions in the next section **'Forgot Your Password and Recover your Account'** to Reset your Password and Recover your Account.

## Arizona Medication Assistant Candidate Handbook

### Forgot your Password and Recover your Account

TMU  
ARIZONA

Sign In

USERNAME OR EMAIL

PASSWORD

REMEMBER ME

Sign In

Forgot Your Password?

**Click on-  
Forgot Your Password?**

TMU  
ARIZONA

Sign In

Recover Your Account

Using your Email Address

E-MAIL ADDRESS \*

Recover Account

OR

Using other Information

LAST 4 OF SSN \*

DATE OF BIRTH \*

LAST NAME \*

ZIP CODE \*

Recover Account

*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

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

E-MAIL ADDRESS \*

Recover Account

OR

Using other Information

LAST 4 OF SSN \*

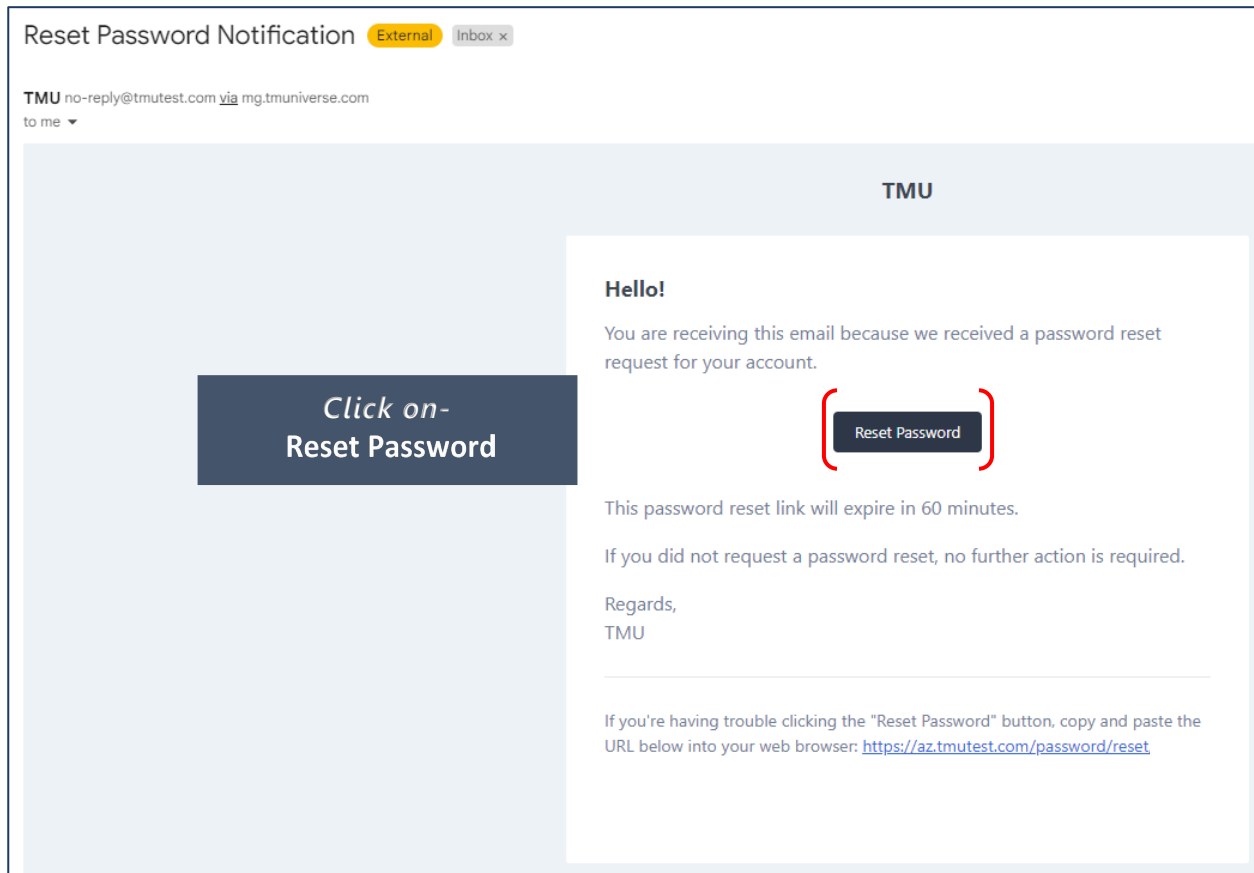
DATE OF BIRTH \*

LAST NAME \*

ZIP CODE \*

Recover Account

*This is what the email will look like (check your junk/spam folder for the email):*



## Arizona Medication Assistant Candidate Handbook

**Note:** If you do not reset your password right away, the link does expire in 60 minutes and after that time, you will need to request a new link.

### Reset Your Password

E-MAIL ADDRESS

PASSWORD

CONFIRM PASSWORD

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

*This is the home screen you will see once you have reset your password:*

( Tests )

⚙️ Trainings📦 Employment💰 Billing↓ Downloads⚙️ Profile

Sample

### Welcome, Sample!

Testing

Your Profile

Your Certifications

No certifications on record.

## 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).

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 TMU© Account**’ 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 6:00AM to 6:00PM Monday through Friday, MST, excluding Holidays.

### Scheduling an Arizona Medication Assistant 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 [az.tmutest.com](http://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 6:00AM 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

## Arizona Medication Assistant Candidate Handbook

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 [az.tmutest.com](http://az.tmutest.com) with your email and password.

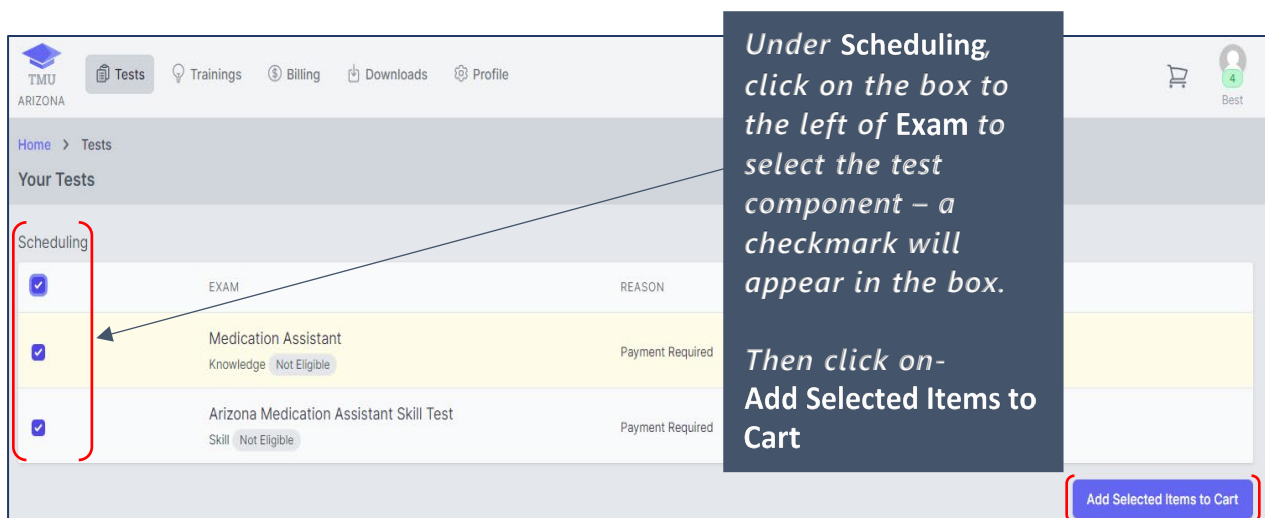
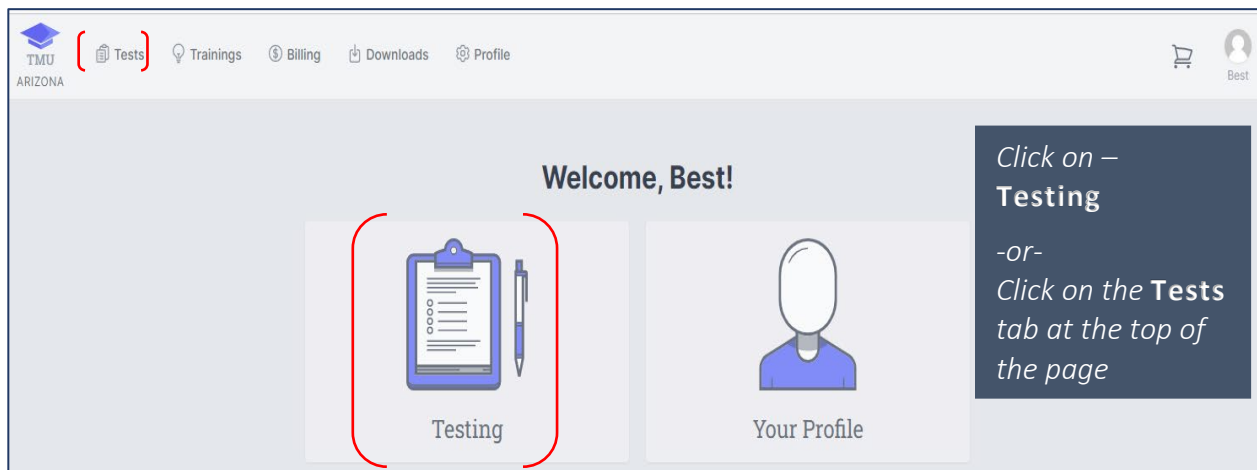
If you are unable to schedule/reschedule on-line, please call D&SDT-Headmaster at (800)393-8664 during regular business hours 6:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays, for assistance.

### 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.



## Arizona Medication Assistant Candidate Handbook

TMU ARIZONA Tests Trainings Billing Downloads Profile

Home > Cart

Cart

Added Arizona Medication Assistant Skill Test Skill to your cart.  
Added Medication Assistant Knowledge to your cart.

DESCRIPTION	ITEM TYPE	AMOUNT	
Medication Assistant for Best Student	Knowledge	25.00	Remove
Arizona Medication Assistant Skill Test for Best Student	Skill	70.00	Remove
<b>Total:</b>		<b>\$ 95.00</b>	

Pay with Credit Card

*You will get a message that the Knowledge and Skill tests have been added to your cart and the Knowledge and Skill Amounts*

*click on-*  
**Pay with Credit Card**

TMU ARIZONA Tests Trainings Billing Downloads Profile

Home > Prepay

Prepay to Schedule

What You're Paying For

DESCRIPTION	COST	
Medication Assistant for Best Student	25.00	
Arizona Medication Assistant Skill Test for Best Student	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

Submit Payment

*Enter the Credit Card information and then click on- Submit Payment*

*You will receive a receipt of the transaction.*

Once your testing fees are paid, 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.

## 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
Medication Assistant Knowledge	Eligible
Arizona Medication Assistant Skill Test	Eligible

Testing History

No test history on record.

Pretests

PRETEST	ELIGIBILITY
Medication Aide Training Pretest	Eligible

TMU ARIZONA

Home > Tests > Find Event

Find Event ARIZONA MEDICATION ASSISTANT

TEST DATE	TEST SITE	SCHEDULING FOR
01/12/2023 8:00 AM MST	PRACTICE TEST SITE (TS) PHOENIX, AZ	K Medication Assistant S Arizona Medication Assistant Skill Test
01/12/2023 12:00 PM MST	PRACTICE TEST SITE (TS) PHOENIX, AZ	K Medication Assistant S Arizona Medication Assistant Skill Test

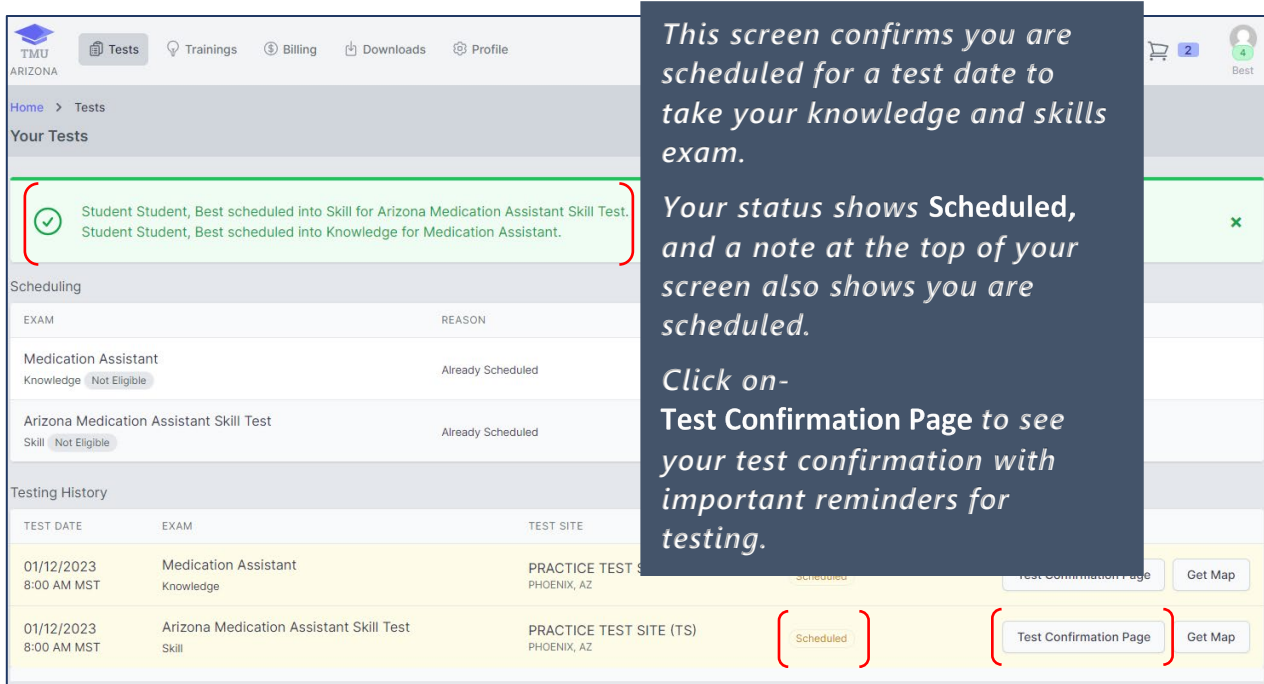
az.tmutest.com says

Schedule into this Event on 01/12/2023 for Medication Assistant Knowledge, Arizona Medication Assistant Skill Test Skill . Are you sure?

OK Cancel

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

## Arizona Medication Assistant Candidate Handbook



*This screen confirms you are scheduled for a test date to take your knowledge and skills 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.*

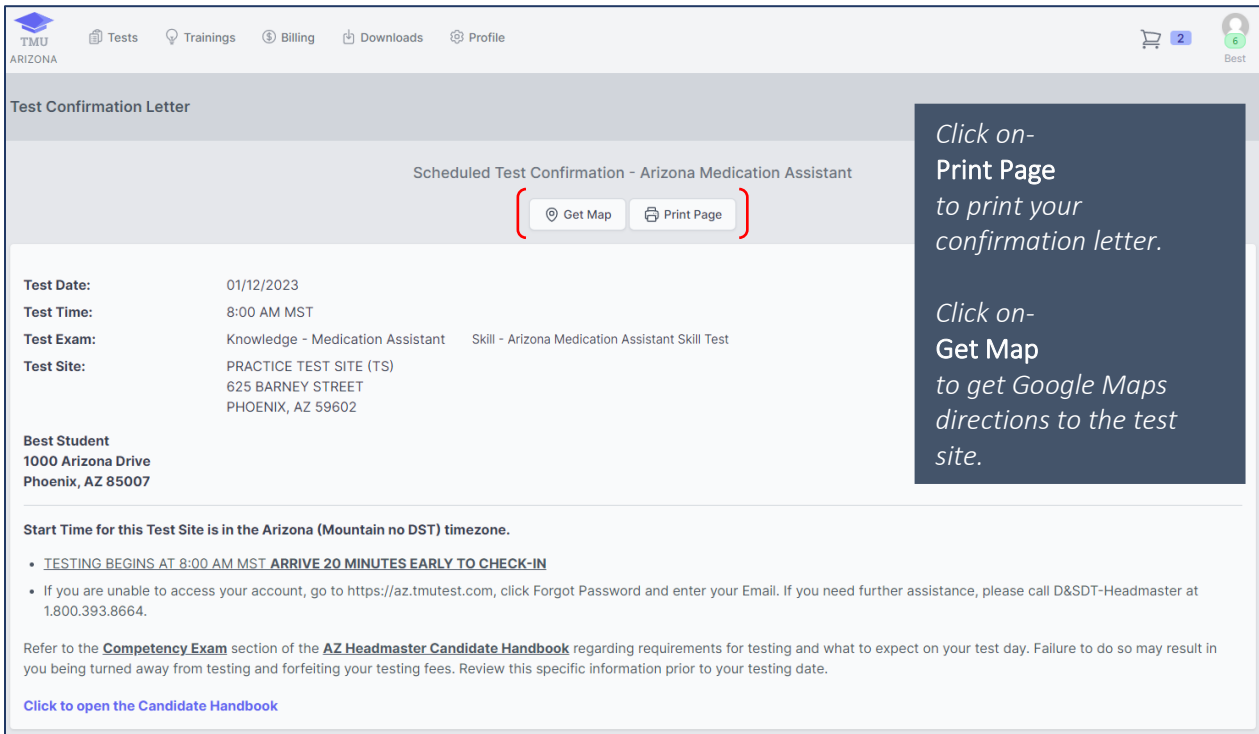
### Test Confirmation Letter

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. (See example on next page.)

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

**Note:** Failure to read the candidate handbook could result in No Show for your test event for not adhering to the policies of testing, etc.

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

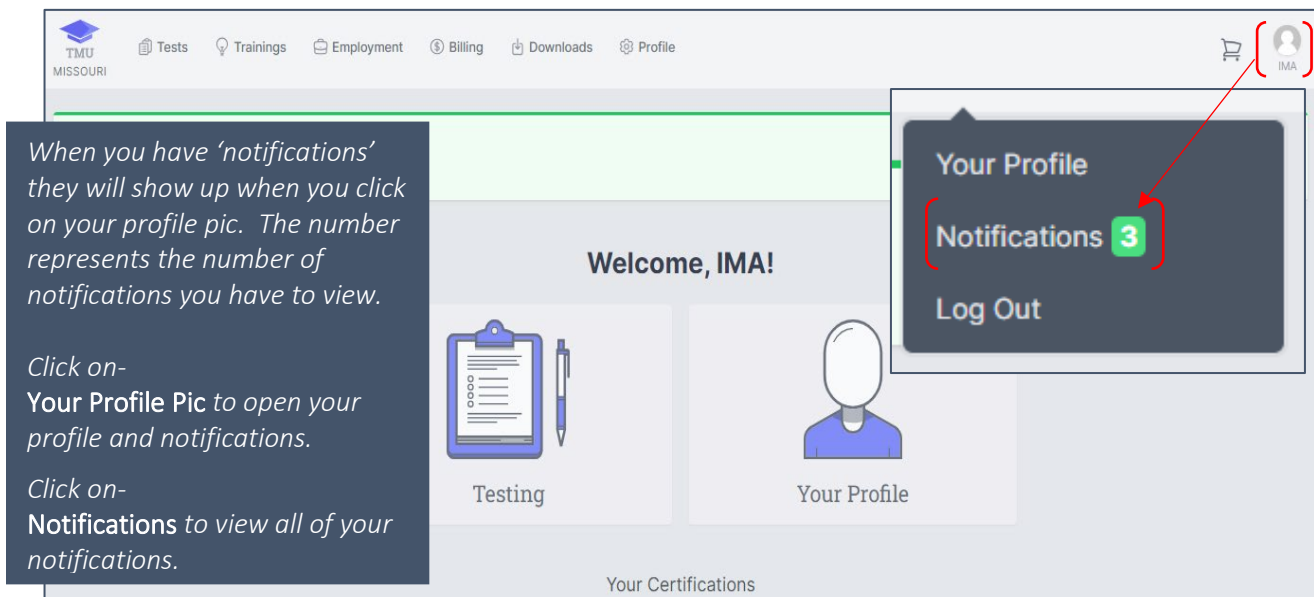


**Note:** Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

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

**Checking/Viewing your TMU@ Notifications**

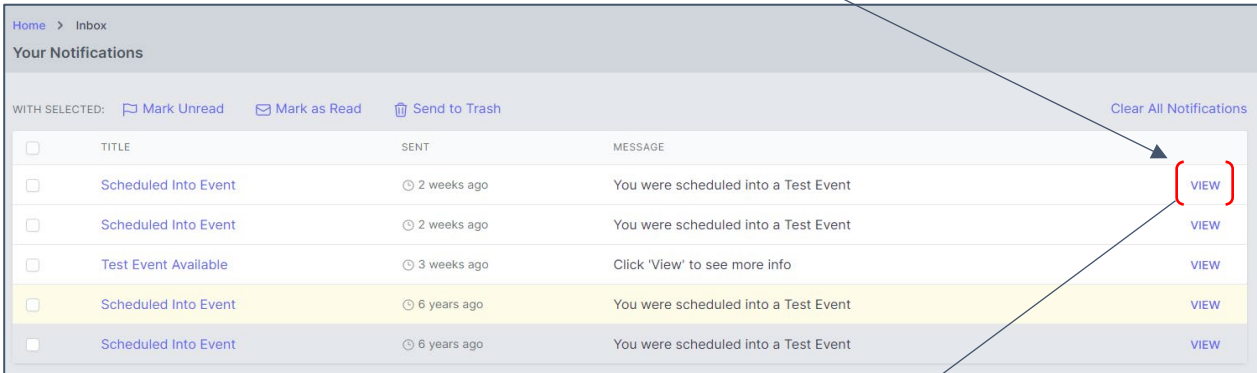
Remember to check your ‘notifications’ in your TMU@ record for important notices regarding your selected test events and other information. See screenshots that follow:



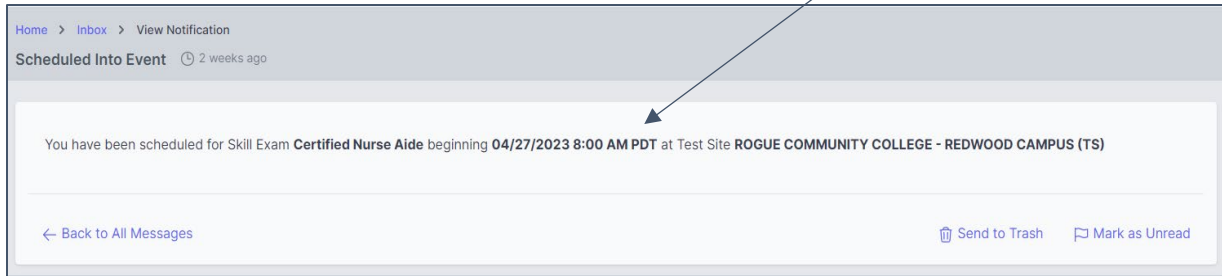


## Arizona Medication Assistant Candidate Handbook

Click on-  
VIEW to open each of your notifications.



Notification example:



### 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 6:00AM to 6:00PM, MST, Monday through Friday, excluding Holidays.

## Exam Check-In

You need to arrive at your confirmed test site between 20 to 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 **begins** promptly at the start time noted.
- You need to make sure you are at the event well before the start time to allow time to get signed in with the RN Test Observer.

**Note:** If you arrive late, you will not be allowed to test.

## Testing Attire

The required testing attire applies to both the knowledge and skills exams.

- You must be in full clinical attire:
  - Which consists of a scrubs top and scrub bottoms.
  - Closed toed shoes.
  - Scrubs and shoes can be any color/design.
- No smart watches or fitness monitors are allowed.
- Long hair must be pulled back.

**NOTE:** You must be dressed in professional nursing attire, to the discretion of the RN Test Observer.

→ You will not be admitted for testing if you are not wearing professional nursing (scrubs) attire and closed toed 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 after January 1, 1997*)
- State issued Identification Card (*Arizona State ID must be issued after January 1, 1997*)
- US Passport (*Exception: Foreign Passports containing a signature with a US VISA [US VISAs do not have signatures] included are acceptable*)
- US Passport Card
- Military Identification Card (that meets all requirements)
- Alien Registration Card (that meets all requirements; **NOTE:** a fingerprint may be in place of a signature)
- Tribal Identification Card (that meets all requirements)
- Work Authorization Card (that meets all requirements)

The **FIRST** and **LAST** names listed on the 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 Arizona medication assistant TMU© database by your training program. You may call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 6:00AM to

6:00PM MST, excluding Holidays, to confirm that your name of record matches your US government issued ID, or sign in to your record in TMU© ([az.tmutest.com](http://az.tmutest.com)), using your Email or Username and Password, to check or change your demographic information.

**Note:**

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

You will be required to present your ID again 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 format in the waiting area when you sign-in for your test. PDF versions are also available anytime from your smart phone via the knowledge test and skill test instruction links on D&SDT-Headmaster’s [Arizona CMA webpage](#) and within your TMU© record under ‘Downloads’.

These instructions detail the process and what you can expect during your exams. Please read through the instructions *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:

- **Communication between the candidate and the testing team must be done in English.**
- Make sure you have signed in to your TMU© record at [az.tmutest.com](http://az.tmutest.com) before your test date to update your password and complete your demographic information. Refer to the **‘Complete Your TMU© Account’** section of this handbook for instructions and information.
  - If you have not signed in and completed/updated your TMU© record when you arrive for your test, you may not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you arrive late for your confirmed exam (you need to be at the test site to **check in at least 20 to 30 minutes before your scheduled start time** – if your 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 ID, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.

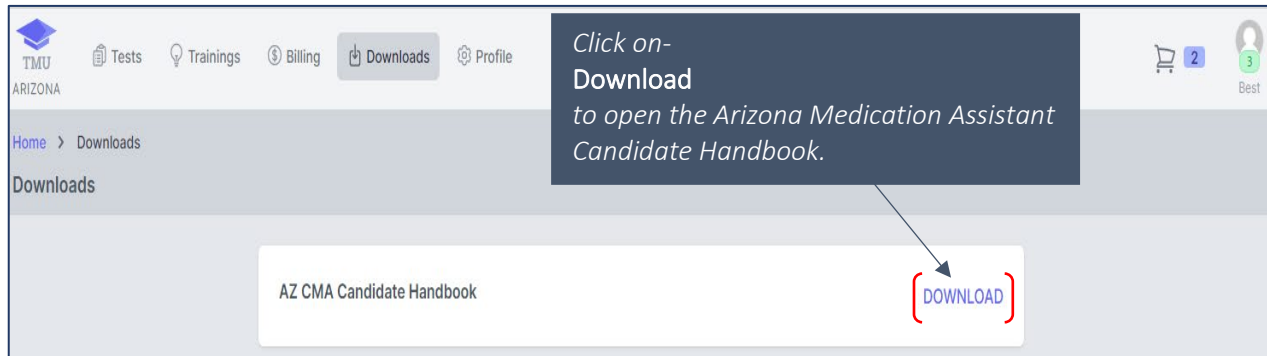
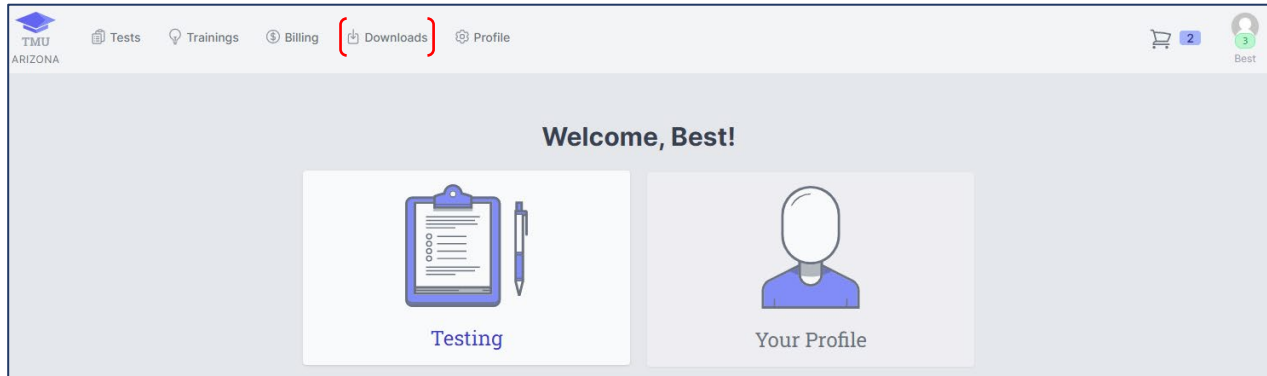
## Arizona Medication Assistant Candidate Handbook

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- If the **FIRST** and **LAST** names listed on your ID presented to the RN Test Observer during sign-in at your test event **DO NOT MATCH** the FIRST and LAST names that were entered in the Arizona Medication Assistant TMU© database, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not wear professional nursing clinical attire and closed toed shoes and conform to all testing policies for both the knowledge (including retakes) and skills portion of the exam, 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*.
  - If your exam is paid for by a US government funded facility, that facility will be charged a NO SHOW fee.
- **ELECTRONIC DEVICES AND PERSONAL ITEMS:** Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as water bottles, briefcases, 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).
  - All electronic devices must be turned off.
  - Smart watches, fitness monitors and Bluetooth-connected devices must be removed from your wrist/body.
- Anyone caught using any type of electronic recording device during testing will be dismissed from the exam, forfeit all testing fees, reported to your training program and the Arizona State Board of Nursing and will not be permitted to test for 6 months. 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.
- Per the Arizona State Board of Nursing, translation dictionaries (either paper format or electronic), translating devices or non-approved language translators **are not allowed**.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use 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 and reported to your training program and the Arizona State Board of Nursing.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- No visitors, guests, pets (including companion animals) or children are allowed.
  - Service animals with an approved ADA accommodation in place are allowed.

## Arizona Medication Assistant Candidate Handbook

- ***Please review this Arizona Medication Assistant Candidate Handbook before your test day for any updates to testing and/or policies.***
- The Candidate Handbook can also be accessed within your TMU© record under your 'Downloads' tab.



### 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, or navigating to other browsers/sites during an electronic exam, 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 are able to reschedule online in their record using their Email or Username and Password any time up until **one (1) full business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and Holidays.

You may reschedule an exam date by signing in to your TMU© record at [az.tmutest.com](http://az.tmutest.com) using your Email or Username and Password. (See instructions with screen shots 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 online by the Thursday before your scheduled exam.

Scheduled test date is on a:	Reschedule online by 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

**Note:** Reschedules will not be granted less than one (1) full business day prior to a scheduled test date.

## 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 close of business the Thursday before your scheduled exam. D&SDT-Headmaster's regular business hours are Monday through Friday 6:00AM to 6:00PM, MST, excluding Saturdays, Sundays and Holidays.

- 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.

### Unforeseen Circumstances Policy

If an exam date is cancelled due to an unforeseen circumstance, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) 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 examples below for reasons we may not be able to contact you that you are responsible for*).

If D&SDT-Headmaster is unable to reach you via phone call or email with the information in your record (*\*see examples below*) in the event of an unforeseen circumstance for a test event you are scheduled in to, you will be taken out of the test event and D&SDT-Headmaster will not reschedule you until we hear back from you.

**NOTE:** The \*examples listed below are your responsibility to check and/or keep updated.

- If D&SDT-Headmaster leaves you a message or emails you at the phone number or email in your record and:
  - you do not call us back in a timely manner
  - your phone number is disconnected/mail box is full
  - you do not check your messages in a timely manner
  - you do not check your email or reply to our email in a timely manner
  - your email is invalid or you are unable to access your email for any reason

### Inclement Weather Policy

In the event of inclement weather, you will be expected to attend your schedule exam date unless:

- The county you reside in or the county of the testing site is placed on a weather or other emergency.
- The test site closes.
- The test observer cancels the test event.
- There is an accident due to weather or other cause on your route to the test site, in which case:

- Documentation from the Department of Transportation Services or a Police report is required within 3 business days of your scheduled exam day to qualify for a free reschedule.

If the above listed circumstances are not met, failure to attend your scheduled test date will result in a NO SHOW status and any exam fees paid *will NOT be refunded*.

### 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 (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.



## Arizona Medication Assistant Candidate Handbook

- **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 include parent, grand and great-grand parent, sibling, 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.

**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 [az.tmutest.com](https://az.tmutest.com). (Refer to the screen shots below.)

The screenshot shows the TMU ARIZONA user interface. At the top, there is a navigation bar with icons for Tests, Trainings, Billing, Downloads, and Profile. The main content area features a 'Welcome, Best!' message and two primary options: 'Testing' (represented by a clipboard icon) and 'Your Profile' (represented by a person icon). A dark blue callout box on the right side of the 'Testing' option contains the text: 'Click on – Testing -or- Click on the Tests tab at the top of the page'. Below this, another dark blue callout box points to the 'Testing History' table, containing the text: 'Click on – Details to view your results. Click on Print Test Results to print your results.' The 'Testing History' table has columns for TEST DATE, EXAM, TEST SITE, and STATUS. It lists three test entries, each with 'Details' and 'Print Test Results' buttons circled in red.

TEST DATE	EXAM	TEST SITE	STATUS
10/08/2022 2:00 PM MST	Arizona Medication Assistant Skill Test Skill	ARIZONA MEDICAL TRAINING INSTITUTE (AMTI) - (TS) MESA, AZ	Passed
09/04/2022 8:00 AM MST	Medication Assistant Knowledge	ARIZONA MEDICAL TRAINING INSTITUTE (AMTI) - (TS) MESA, AZ	Passed
09/04/2022 8:00 AM MST	Arizona Medication Assistant Skill Test Skill	ARIZONA MEDICAL TRAINING INSTITUTE (AMTI) - (TS) MESA, AZ	Failed

## Arizona Medication Assistant Candidate Handbook

Sample test results letter:

← Back
Print

**HEADMASTER, LLP**  
 P.O. BOX 6609, HELENA, MT 59604-6609  
 800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM

**ARIZONA MEDICATION ASSISTANT EXAM RESULTS REPORT**

**Best Student**  
 1000 Arizona Drive  
 Phoenix, AZ 85007

**IMPORTANT TEST RESULTS**

TEST DATE: Sunday, September 4, 2022

Dear **Best**

You have **passed** the knowledge portion of the Medication Assistant exam.  
 Your overall knowledge test score is 90.91%.  
 You have **failed** the skill portion of the Medication Assistant exam.  
**80%** or better on each skill task without missing any **Key Steps** to pass the skills test.  
 Any weaknesses indicated in your test results are listed below:

**Knowledge Exam Results By Subject Area**

Rights of Medication Administration	67%
Effects of Medication on Body Systems	90%
Allowable Routes	100%
Controlled Substances	100%
Medication Administration	100%
Documentation	100%
Error Reporting	67%
Role/Responsibilities	86%
Terminology	83%
Body Systems - A&P	100%
Regulations	100%
Resident Safety - Infection Control	100%

**Skill Exam Incomplete Steps**

**Eye Drops / Tablet Medication Administration 2.2022**  
 Asks resident, "Please tell me your name..."  
 Asks resident, "Please tell me your date..."  
 Identifies right resident using an appro...  
 Performs hand hygiene with hand sanitize...

**Nasal Spray / Tablet Medication Administration 2.2022**  
 Instructs resident to breath in with mou...

**Manual Skill Task(s) Failed:** Eye Drops / Tablet Medication Administration 2.2022 **Vocabulary words to study:** legal restriction, six rights, error reporting, continuing education, medication affect

### 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 Exam

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 [az.tmutest.com](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 6:00AM to 6:00PM Monday through Friday, MST, excluding 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) (before you get to the Arizona MA webpage). Submit the Test Review Fee of \$25 (MasterCard, Visa or debit card) and a detailed explanation of why you feel your dispute is valid (upload with Form 1403) via the PDF fillable Test Review Request and Payment Form 1403 **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.

**PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST:** Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 6:00AM to 6:00PM MST, excluding Holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. 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.

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, 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/or Actor for any additional recollection of your test(s). D&SDT-Headmaster cannot discuss test results or test disputes with instructors/training programs. After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test disputes with the candidate. D&SDT-Headmaster will not review test results or disputes with family members or anyone else on behalf of the candidate once the candidate is 18 years of age. 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 State 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.
  - 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/Audio Exam

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 Exam. You will have a maximum of **60 minutes** (one hour) to complete the **55 question** Knowledge Exam. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (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 exam 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.** Please see the information under **'Complete Your TMU@ Account'** to sign in to your record in TMU@.

**NOTE:** *The Knowledge Test Proctor will provide you a code at the test event to start your test.*

Per the Arizona State Board of Nursing, translation dictionaries (either paper format or electronic), translating devices or non-approved language translators are not allowed.

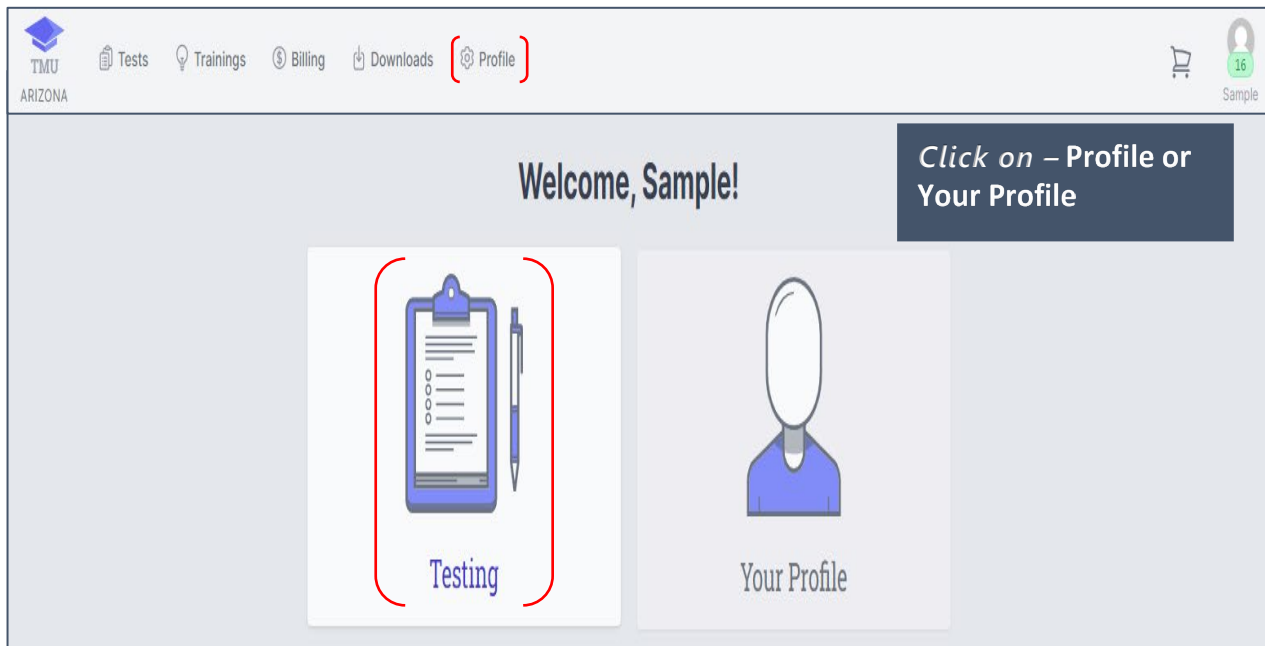
All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Arizona Board of Nursing.

### Audio Version of the Knowledge Exam

An audio (oral) version of the knowledge exam is available. However, you must request an Audio exam before you submit your testing fee payment. There is an additional \$10 charge for an Audio exam (total for a Knowledge AUDIO version is \$35). The questions are read to you, in a neutral manner and can be heard through headphones/earbuds plugged into the computer. When taking an electronic Audio exam, the audio control buttons will be displayed on the computer screen enabling you to play, rewind or pause questions as needed. To select the Audio version of the knowledge exam, follow the instructions with screen shots that follow:

### Enabling an Audio Version

*Checking the 'Enable Audio Testing' to receive an Audio version of the Knowledge Exam:*



## Arizona Medication Assistant Candidate Handbook

**Remember to check the 'Enable Audio Testing' **BEFORE YOU SCHEDULE** your knowledge exam.**

*Click on the box to the left of Enable Audio Testing to choose the Audio option of the knowledge exam.*

*Then click Save Changes at the bottom of the screen to save.*

### Knowledge Exam Content

The Knowledge Exam 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

## Arizona Medication Assistant Candidate Handbook

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

**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.
- 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.

## Arizona Medication Assistant Candidate Handbook

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- 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.**

### 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 they see you do. D&SDT-Headmaster scoring teams will officially score and double check your test.



**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. **REMOVED**~~
- 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.) **NO LONGER A KEY STEP**~~
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 20) Ask resident to state their name.
- 21) Ask resident to state their date of birth.
- 22) Give resident a glass of water.
- ~~23) Watch the resident until the medication is swallowed. **REWORDED TO: Provide medications to resident.**~~
- 24) Assist resident to take medication.
- 25) Lower the head of the bed.
- 26) Remove container lid.
- 27) Do not contaminate lid during removal, replacement or while off container. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 28) Turn resident's head toward correct side with correct ear upward.
- 29) Hold resident's external ear flap (pinna) and pull up and back.
- 30) Instill the correct number of prescribed drops of medication into the correct ear.**
- 31) Do not touch inside of resident's ear canal with the container tip.

- 32) Tell resident to not move their head for a few minutes.
- 33) Return medication to the medication cart.
- 34) Lock medication cart.
- 35) Document administration on the medication administration record (MAR) on the correct day.**
- 36) Initial and sign MAR.
- 37) Close or cover MAR.
- 38) Maintain respectful, courteous interpersonal communications during administrations.
- 39) Place call light within easy reach of the resident.
- 40) 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. **REMOVED**~~
- 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.) **NO LONGER A KEY STEP**~~
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 20) Ask resident to state their name.
- 21) Ask resident to state their date of birth.
- 22) Give resident a glass of water.
- ~~23) Watch the resident until the medication is swallowed. **REWORDED TO: Provide medications to resident.**~~

- 24) Assist resident to take medication.
- 25) Put on gloves.
- 26) Remove container lid.
- 27) Do not contaminate lid during removal, replacement or while off container. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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 correct 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. **REMOVED**~~
- 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.) **NO LONGER A KEY STEP**
- 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.

## Arizona Medication Assistant Candidate Handbook

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- 12) Do not contaminate lids during removal, replacement or while off container. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 20) Ask resident to state their name.
- 21) Ask resident to state their date of birth.
- 22) Give resident a glass of water.
- ~~23) Watch the resident until the medication is swallowed.~~ **REWORDED TO: Provide medications to resident.**
- 24) Assist resident to take medication one tablet at a time.
- 25) Remove container lid.
- 26) Do not contaminate lid during removal, replacement or while off container. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 27) Have resident blow their nose.
- 28) Instruct resident to breath in with mouth closed.
- 29) Time administration of spray with resident's inhalation.
- 30) Press resident's correct nostril closed while administering nasal spray.
- 31) Administer correct number of prescribed spray(s) in resident's correct nostril.**
- 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.
- 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.~~ **REMOVED**

- 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.) **NO LONGER A KEY STEP**
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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) **Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 24) Ask resident to state their name.
- 25) Ask resident to state their date of birth.
- 26) Give resident a glass of water.
- 27) ~~Watch the resident until the medication is swallowed.~~ **REWORDED TO: Provide medications to resident.**
- 28) Assist the resident to take the medication one capsule at a time.
- 29) **Document administration on the medication administration record (MAR) on the correct day.**
- 30) Initial and sign MAR.
- 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. **REMOVED**~~
- 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.) **NO LONGER A KEY STEP**~~
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Ask resident to state their name.
- 23) Ask resident to state their date of birth.
- ~~24) Watch the resident until the medication is swallowed. **REWORDED TO: Provide medications to resident.**~~
- 25) Assist resident to take oral medication.
- 26) Lower the head of the bed.
- 27) Remove container lid.
- 28) Do not contaminate lid during removal, replacement or while off container. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 29) Turn resident's head to 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 correct ear.**
- 32) Container tip does not touch inside of resident's ear canal.
- 33) Tell resident to not move their 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.

### 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. **REMOVED**~~
- 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.) **NO LONGER A KEY STEP**
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Ask resident to state their name.
- 23) Ask resident to state their date of birth.
- ~~24) Watch the resident until the medication is swallowed. **REWORDED TO: Provide medications to resident.**~~
- 25) Assist resident to take oral medication.
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 10) Ask resident to state their name.
- 11) Ask resident to state their date of birth.
- 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. **REMOVED**~~
- 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.) **NO LONGER A KEY STEP**
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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, watch the resident until the medication is swallowed.~~ **REWORDED TO: If proceeding with tablet administration, provide medication to resident.**
- 29) If proceeding with tablet administration, assist resident to take medication.
- 30) Put on gloves.
- 31) Remove container lid.
- 32) Do not contaminate lid during removal, replacement or while off container. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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 correct 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.
- 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. **REMOVED**~~
- 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.) **NO LONGER A KEY STEP**~~
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 20) Ask resident to state their name.
- 21) Ask resident to state their date of birth.
- 22) Give resident a glass of water.
- ~~23) Watch the resident until the medication is swallowed. **REWORDED TO: Provide medications to resident.**~~
- 24) Assist resident to take medication.
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 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.
- 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) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 10) Ask resident to state their name.
- 11) Ask resident to state their date of birth.
- 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. **REMOVED**~~
- 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.) **NO LONGER A KEY STEP**~~
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)

## Arizona Medication Assistant Candidate Handbook

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- 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, watch the resident until the medication is swallowed.~~ **REWORDED TO: If proceeding with tablet administration, provide medication to resident.**
- 29) If proceeding with tablet administration, assist resident to take medication.
- 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. (*Hint: To avoid contamination, place the lid on a clean barrier.*)
- 33) Instruct resident to turn face away while spraying medication.
- 34) Spray one spray on area on resident's correct 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.

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## Knowledge Test Vocabulary List

abbreviation	alendronate sodium (Fosamax)
abnormal response to medication	allergic reactions
absorption	allowable routes
absorption of drugs through the skin	amber-colored containers
abuse	aminoglycoside
administering medication	analgesic
administration	anaphylactic reaction
administration directions	anaphylaxis
adverse effects	anemia
adverse reaction	angina pectoris
Advil	antacids
affects of medication	antiarrhythmic
Albuterol	antiarthritics

## Arizona Medication Assistant Candidate Handbook

antibiotic  
 anti-coagulants  
 anti-convulsants  
 antidepressants  
 antidote  
 antiemetic  
 anti-hypertensive  
 antiinfective  
 antilipemics  
 anti-microbial  
 antineoplastics  
 antiparkinson  
 antipruritic  
 anti-psychotic  
 antitussive  
 anti-viral  
 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  
 checks

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

## Arizona Medication Assistant Candidate Handbook

drug interactions  
 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)  
 health care provider order  
 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 process  
 medication administration record  
 medication affect  
 medication affect on body  
 medication assistant's role  
 medication calculation  
 medication categories  
 medication disposal  
 medication error  
 medication information  
 medication interaction  
 medication inventory  
 medication knowledge  
 medication label  
 medication order  
 medication refusal  
 medication route

## Arizona Medication Assistant Candidate Handbook

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  
 skin medication  
 skin patches

## Arizona Medication Assistant Candidate Handbook

special instructions

state regulation

statin

stimulants

subjective information

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



