



D&S Diversified Technologies LLP
Headmaster LLP

Arizona Medication Assistant Candidate Handbook

EFFECTIVE: February 1, 2023

Version 5

Updates to the Medication Assistant Candidate Handbook – Effective: February 1, 2023

Skill Task changes effective for testing 2-1-2023 are **highlighted gray**.

Arizona Medication Assistant Candidate Handbook

Contact Information

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

Table of Contents

INTRODUCTION	3
AZBN REQUIREMENTS BEFORE STARTING A MEDICATION ASSISTANT TRAINING PROGRAM	3
AMERICANS WITH DISABILITIES ACT (ADA)	4
ADA COMPLIANCE	4
THE ARIZONA MEDICATION ASSISTANT COMPETENCY EXAM	4
PAYMENT INFORMATION	4
COMPLETING YOUR INITIAL LOGIN	4
<i>Medication Assistant Training Program Candidates</i>	<i>4</i>
<i>Education Waivers for Military, Foreign Graduate or Nursing Student.....</i>	<i>5</i>
Requirements.....	5
SCHEDULE AN EXAM	6
<i>Forgot your Password and Recover your Account</i>	<i>8</i>
<i>Self-Pay of Testing Fees</i>	<i>10</i>
SCHEDULE/RESCHEDULE INTO A TEST EVENT.....	12
<i>Test Confirmation Letter.....</i>	<i>14</i>
TIME FRAME FOR TESTING FROM TRAINING PROGRAM COMPLETION	14
EXAM CHECK-IN	15
TESTING ATTIRE	15
IDENTIFICATION.....	15
INSTRUCTIONS FOR THE KNOWLEDGE AND SKILL TESTS.....	16
TESTING POLICIES	16
RESCHEDULES	19

Arizona Medication Assistant Candidate Handbook

REFUND OF TESTING FEES PAID	19
<i>Scheduled in a Test Event</i>	19
<i>Not Scheduled in a Test Event</i>	20
UNFORESEEN CIRCUMSTANCES POLICY	20
INCLEMENT WEATHER POLICY	21
CANDIDATE FEEDBACK – EXIT SURVEY	21
NO SHOWS	21
<i>No Show Exceptions</i>	21
TEST RESULTS	22
TEST ATTEMPTS	24
RETAKE THE MEDICATION ASSISTANT TEST.....	24
TEST REVIEW REQUESTS	24
APPLYING FOR AN ARIZONA LICENSE	25
THE KNOWLEDGE TEST	26
KNOWLEDGE TEST CONTENT.....	26
THE MANUAL SKILL TEST	27
SKILL TASKS LISTING	28
<i>Ear Drops / Tablet Medication Administration</i>	29
<i>Eye Drops / Tablet Medication Administration</i>	30
<i>Nasal Spray / Tablet Medication Administration</i>	31
<i>Oral Capsule Medication Administration</i>	32
<i>Oral Liquid Medication / Ear Drops Administration</i>	33
<i>Oral Liquid Medication / Topical Ointment Medication Administration</i>	34
<i>Oral Tablet Medication / Eye Drop Administration</i>	36
<i>Topical Ointment Medication / Oral Capsule Medication Administration</i>	37
<i>Topical Spray Medication / Unit Dose Medication Administration</i>	38
KNOWLEDGE TEST VOCABULARY LIST	40
NOTES:	44

Arizona Medication Assistant Candidate Handbook

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.

Arizona Medication Assistant Candidate Handbook

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/AZBN in advance of examination. The request for accommodations can be found on the [D&SDT-HEADMASTER webpage](#) or by clicking on this link: [ADA Accommodation Form 1404](#). This form must be submitted to D&SDT-Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation.

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 Test or Retake	\$25
Oral Knowledge Test or Retake	\$35
Skill Test or Retake	\$70

Completing your Initial Login

Medication Assistant Training Program Candidates

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

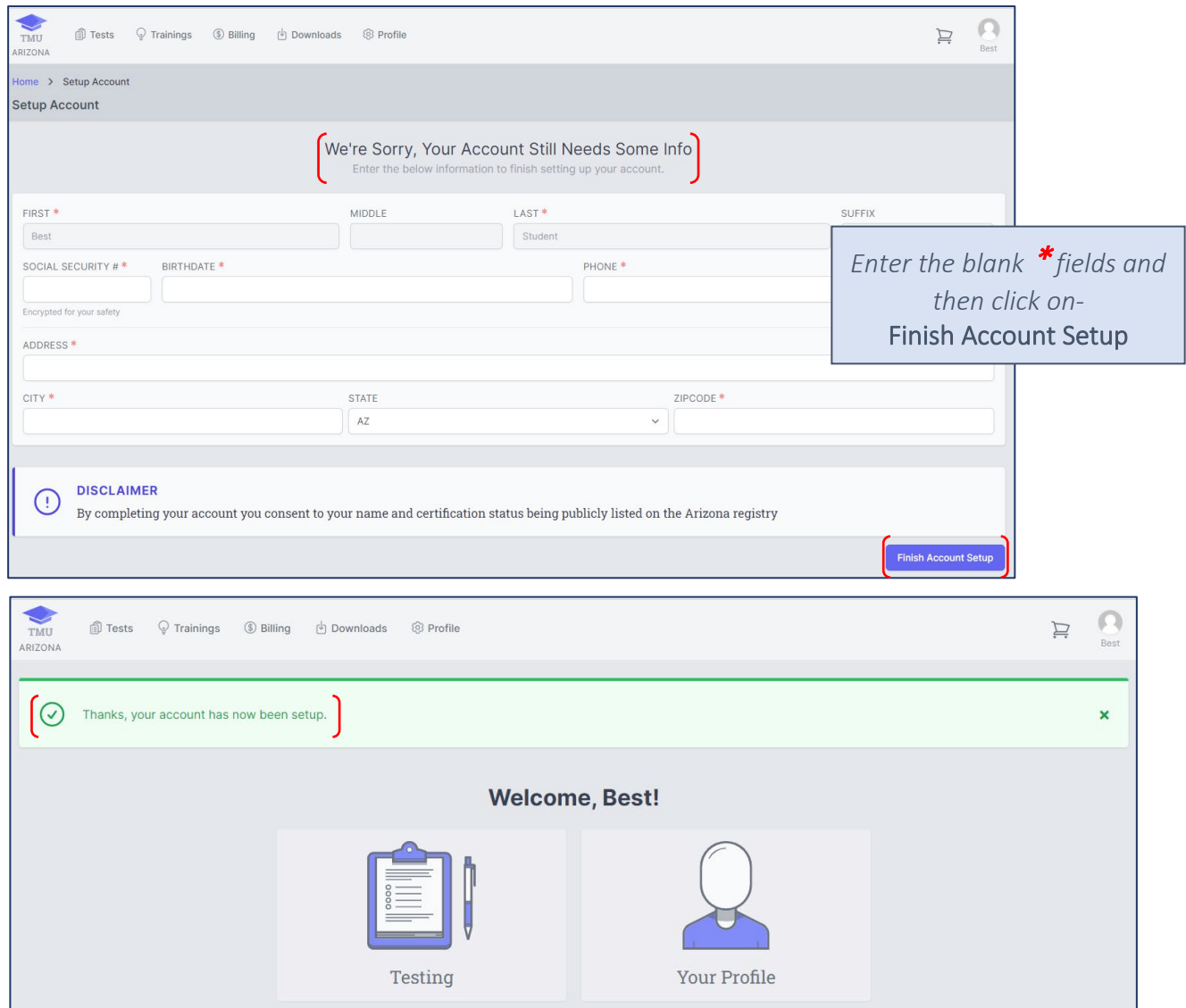
IMPORTANT: Before you can test, you must sign in to the [Arizona Medication Assistant TMU©](#) (<http://az.tmutest.com>) using your secure Email or Username and Password and complete your demographic information.

- 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:



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

Welcome, Best!

Testing

Your Profile

Thanks, your account has now been setup.

Education Waivers for Military, Foreign Graduate or Nursing Student

REQUIREMENTS

For information on MA Education Waivers visit the AZBN website www.azbn.gov then click on Applications and Forms and scroll down to “Other Form Downloads”.

Arizona Medication Assistant Candidate Handbook

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

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

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

Schedule an Exam

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

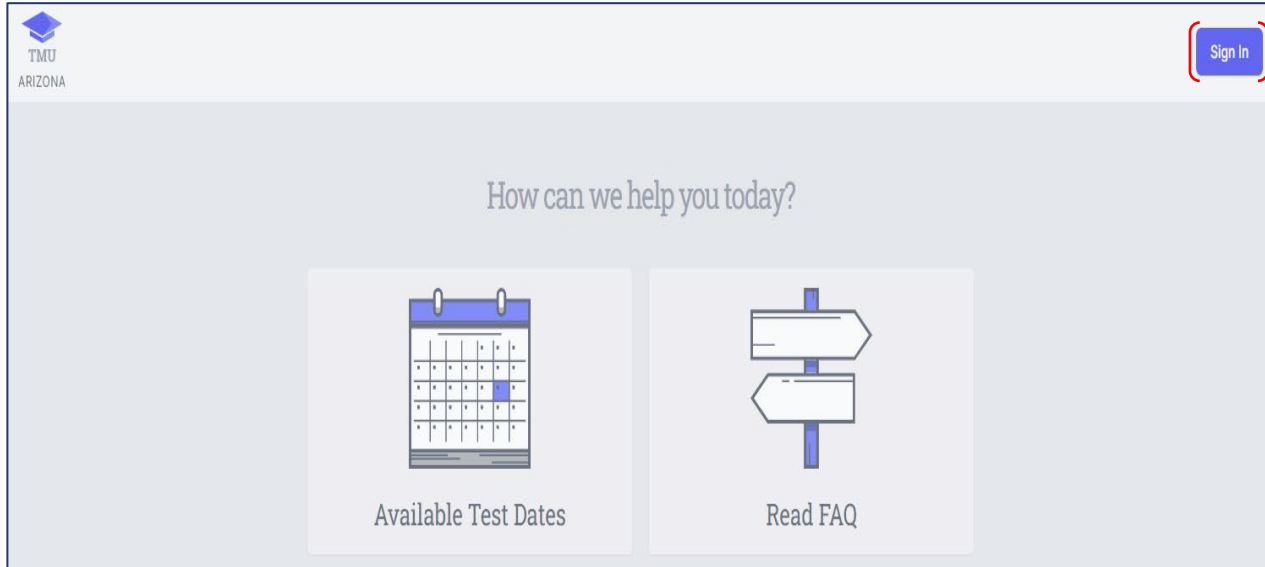
Once your completed record is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Arizona Medication Assistant TMU© webpage at <https://az.tmutest.com> using your email and password (**see instructions under ‘Schedule/Reschedule into a Test Event’**). If you are unable to sign in with your email, please call D&SDT-Headmaster for assistance at (800)393-8664 during regular business hours 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 any Internet connected device. You will be scheduled to take your initial knowledge and skill tests on the same day. To schedule or reschedule your test date, sign in to the Arizona Medication Assistant TMU© webpage at <https://az.tmutest.com> with your email and password.

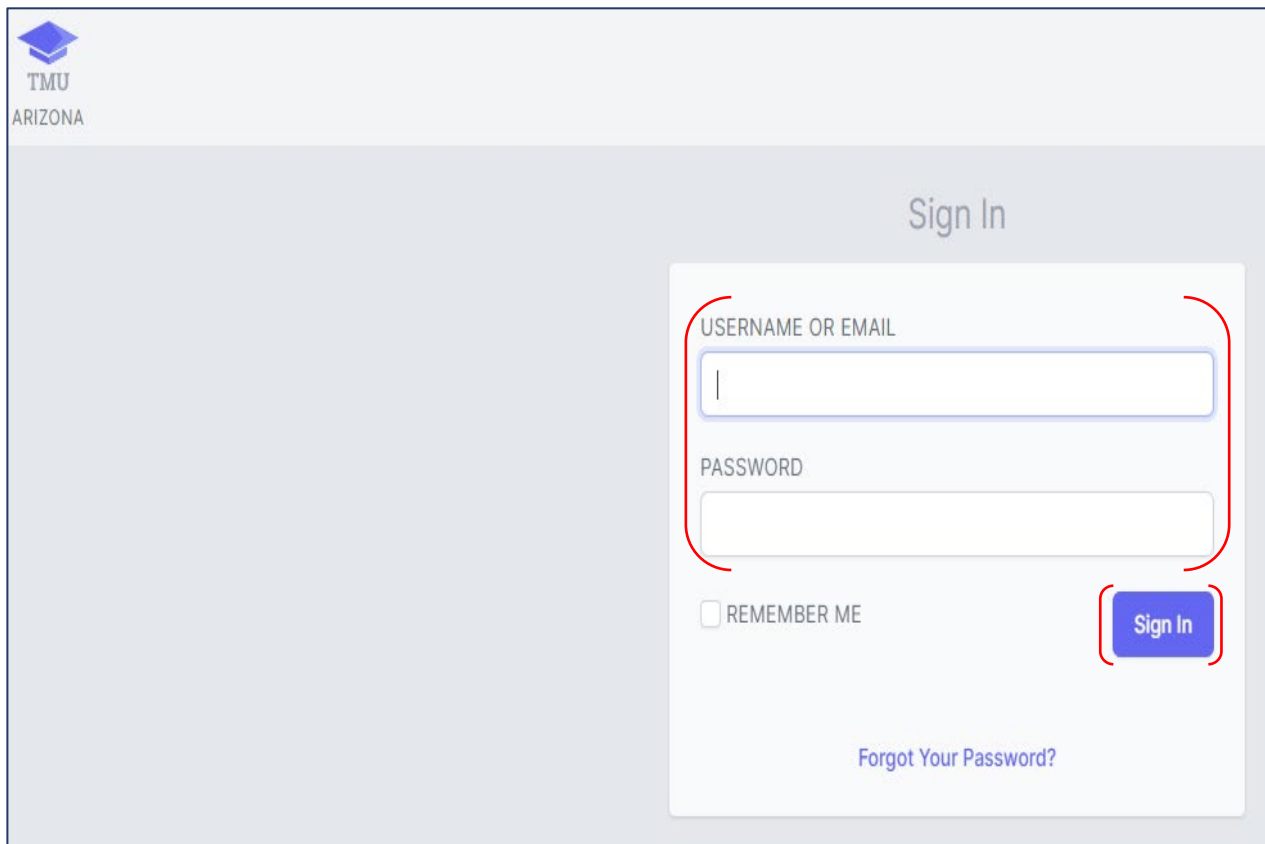
Arizona Medication Assistant Candidate Handbook

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.

This is the Arizona TMU© home page:



The screenshot shows the TMU Arizona home page. In the top left corner is the TMU ARIZONA logo. In the top right corner is a blue "Sign In" button. The main heading is "How can we help you today?". Below this heading are two buttons: "Available Test Dates" with a calendar icon and "Read FAQ" with a signpost icon.



The screenshot shows the TMU Arizona Sign In page. In the top left corner is the TMU ARIZONA logo. The main heading is "Sign In". Below this heading is a sign-in form. The form has two input fields: "USERNAME OR EMAIL" and "PASSWORD". Below the "PASSWORD" field is a checkbox labeled "REMEMBER ME". To the right of the "REMEMBER ME" checkbox is a blue "Sign In" button. Below the "Sign In" button is a link that says "Forgot Your Password?".

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

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:

Reset Password Notification

External

Inbox x

TMU no-reply@tmutest.com via mg.tmuniverse.com to me

TMU

Click on -
Reset Password

Hello!

You are receiving this email because we received a password reset request for your account.

Reset Password

This password reset link will expire in 60 minutes.

If you did not request a password reset, no further action is required.

Regards,
TMU

If you're having trouble clicking the "Reset Password" button, copy and paste the URL below into your web browser: <https://az.tmutest.com/password/reset>

Arizona Medication Assistant Candidate Handbook

TMU ARIZONA

Sign In

Reset Your Password

E-MAIL ADDRESS
beststudent@email.com

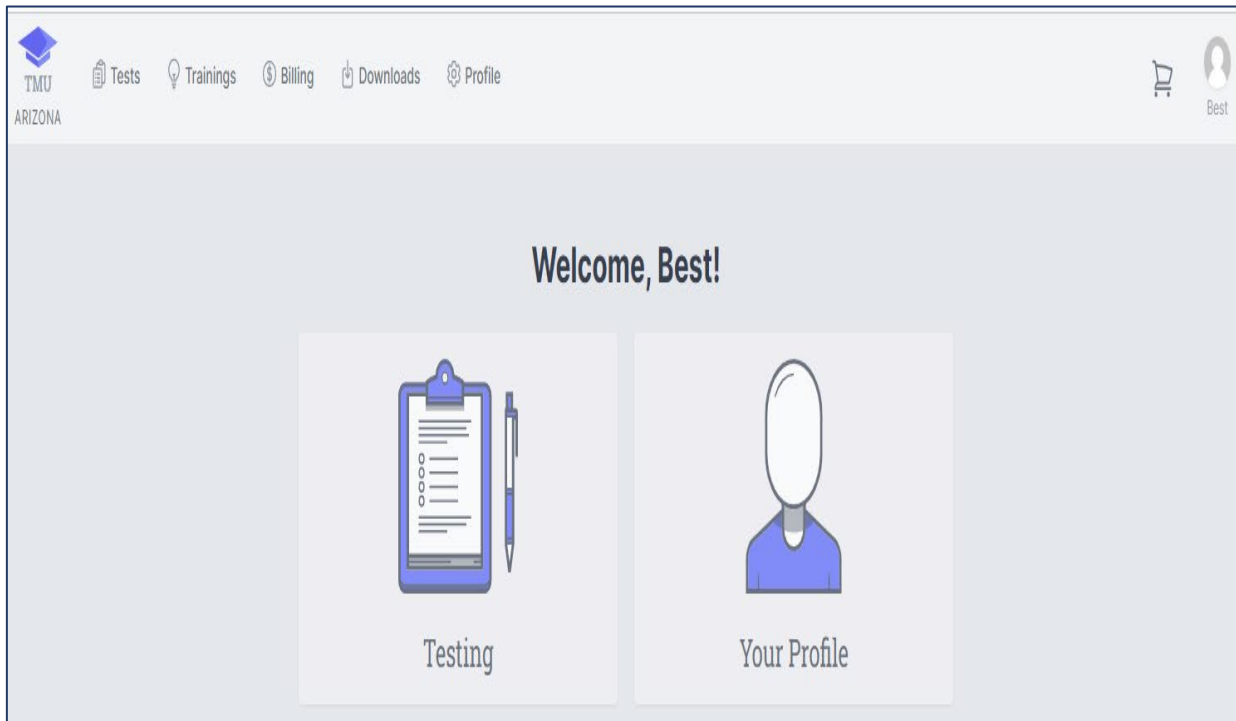
PASSWORD

CONFIRM PASSWORD

Reset Password

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

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



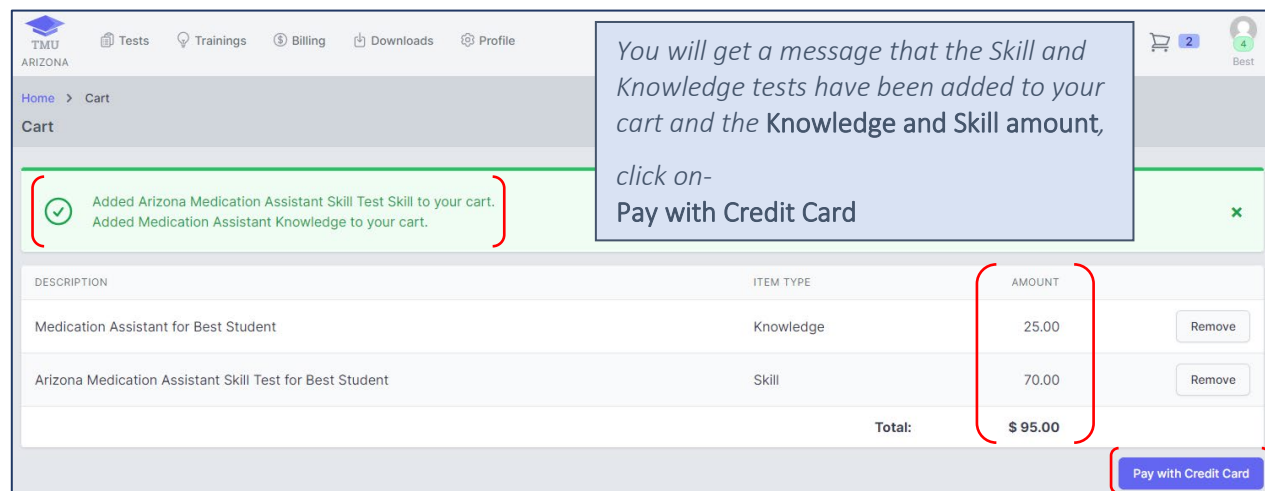
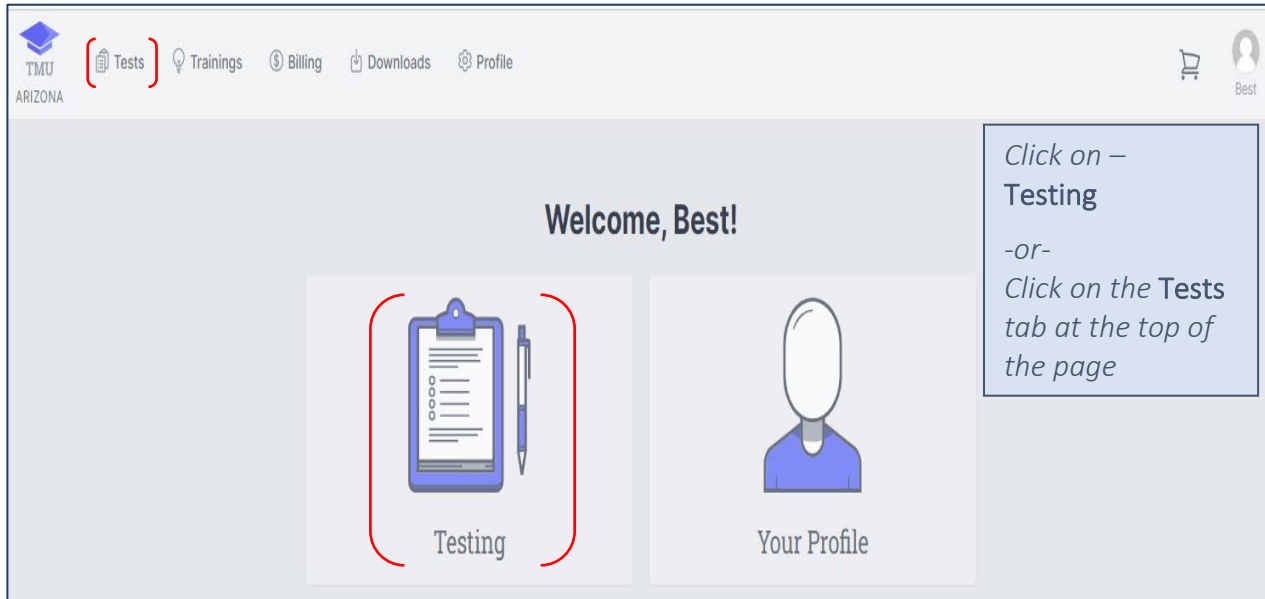
Self-Pay of Testing Fees

Testing fees will need to be paid *before* you can schedule a test date.

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

Arizona Medication Assistant Candidate Handbook

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

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
Total:	\$ 95.00

Pay with a Card

CARDHOLDER NAME CARD NUMBER

EXP MONTH EXP YEAR SECURITY CODE

CARDHOLDER ADDRESS

CITY STATE ZIP CODE

[Submit Payment](#)

Fill in the credit card information (Visa or MasterCard only) then click on- Submit Payment. You will receive a confirmation receipt of your transaction.

Schedule/Reschedule into a Test Event

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

TMU ARIZONA

Home > Tests

Your Tests

Scheduling

EXAM	REASON
Medication Assistant Knowledge Eligible	
Arizona Medication Assistant Skill Test Skill Eligible	

Testing History

No test history on record.

Pretests

PRETEST	ELIGIBILITY
Medication Aide Training Pretest Skill Eligible	Begin Test

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

Arizona Medication Assistant Candidate Handbook

[Tests](#)
[Trainings](#)
[Billing](#)
[Downloads](#)
[Profile](#)

[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

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

(You will be scheduled for both the Knowledge and Skills Exams.)

[Schedule](#)

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**

[Tests](#)
[Trainings](#)
[Billing](#)
[Downloads](#)
[Profile](#)

[Home](#) > [Tests](#)

Your Tests

Student Student, Best scheduled into Skill for Arizona Medication Assistant Skill Test.
Student Student, Best scheduled into Knowledge for Medication Assistant.

Scheduling

EXAM	REASON
Medication Assistant Knowledge Not Eligible	Already Scheduled
Arizona Medication Assistant Skill Test Skill Not Eligible	Already Scheduled

Testing History

TEST DATE	EXAM	TEST SITE	STATUS	
01/12/2023 8:00 AM MST	Medication Assistant Knowledge	PRACTICE TEST SITE (TS) PHOENIX, AZ	Scheduled	Test Confirmation Page Get Map
01/12/2023 8:00 AM MST	Arizona Medication Assistant Skill Test Skill	PRACTICE TEST SITE (TS) PHOENIX, AZ	Scheduled	Test Confirmation Page Get Map

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

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.

Arizona Medication Assistant Candidate Handbook

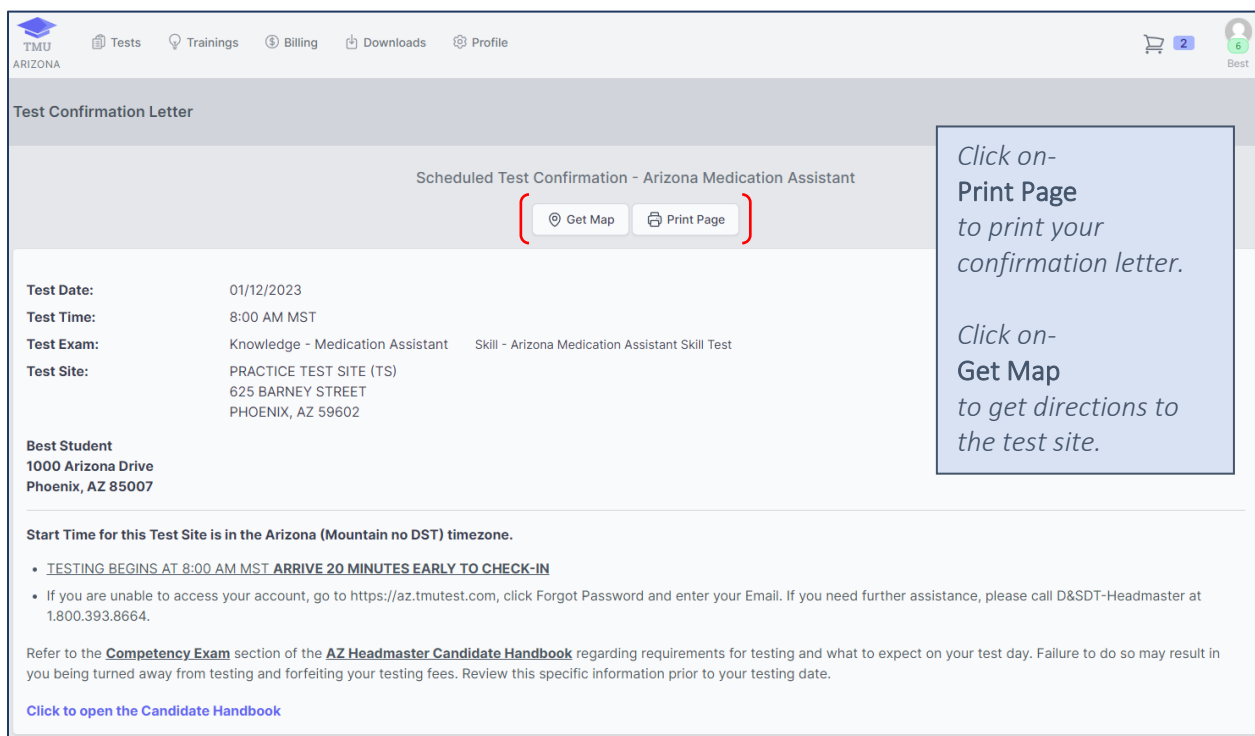
Test Confirmation Letter

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

The body of the test confirmation letter will 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!



Test Confirmation Letter

Scheduled Test Confirmation - Arizona Medication Assistant

[Get Map](#)
[Print Page](#)

Test Date:	01/12/2023
Test Time:	8:00 AM MST
Test Exam:	Knowledge - Medication Assistant Skill - Arizona Medication Assistant Skill Test
Test Site:	PRACTICE TEST SITE (TS) 625 BARNEY STREET PHOENIX, AZ 85002

Best Student
1000 Arizona Drive
Phoenix, AZ 85007

Start Time for this Test Site is in the Arizona (Mountain no DST) timezone.

- TESTING BEGINS AT 8:00 AM MST **ARRIVE 20 MINUTES EARLY TO CHECK-IN**
- If you are unable to access your account, go to <https://az.tmutest.com>, click Forgot Password and enter your Email. If you need further assistance, please call D&SDT-Headmaster at 1.800.393.8664.

Refer to the **Competency Exam** section of the **AZ Headmaster Candidate Handbook** regarding requirements for testing and what to expect on your test day. Failure to do so may result in you being turned away from testing and forfeiting your testing fees. Review this specific information prior to your testing date.

[Click to open the Candidate Handbook](#)

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

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

Time Frame for Testing from Training Program Completion

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

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

Arizona Medication Assistant Candidate Handbook

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 pants, scrub skirt (long, loose-fitting) or scrub dress (long, loose-fitting).
 - No opened toed shoes (example; flip-flops or sandals) are allowed.
 - Scrubs and shoes can be any color/design.
- No smart watches or fitness monitors are allowed.
- Long hair must be pulled back.

Note: You will not be admitted for testing if you are not wearing scrubs attire and the appropriate shoes. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

Identification

You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING FORM OF IDENTIFICATION**. Examples of the forms of US government issued, photo ID's that are acceptable are:

- Driver's License (*Arizona Driver's License must be issued after January 1, 1997*)
- State issued Identification Card (*Arizona State ID must be issued after January 1, 1997*)
- US Passport (*Exception: Foreign Passports with a US VISA 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 Candidate Handbook

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© (<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. Oral and 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](#).

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

Testing Policies

The following policies are observed at each test site:

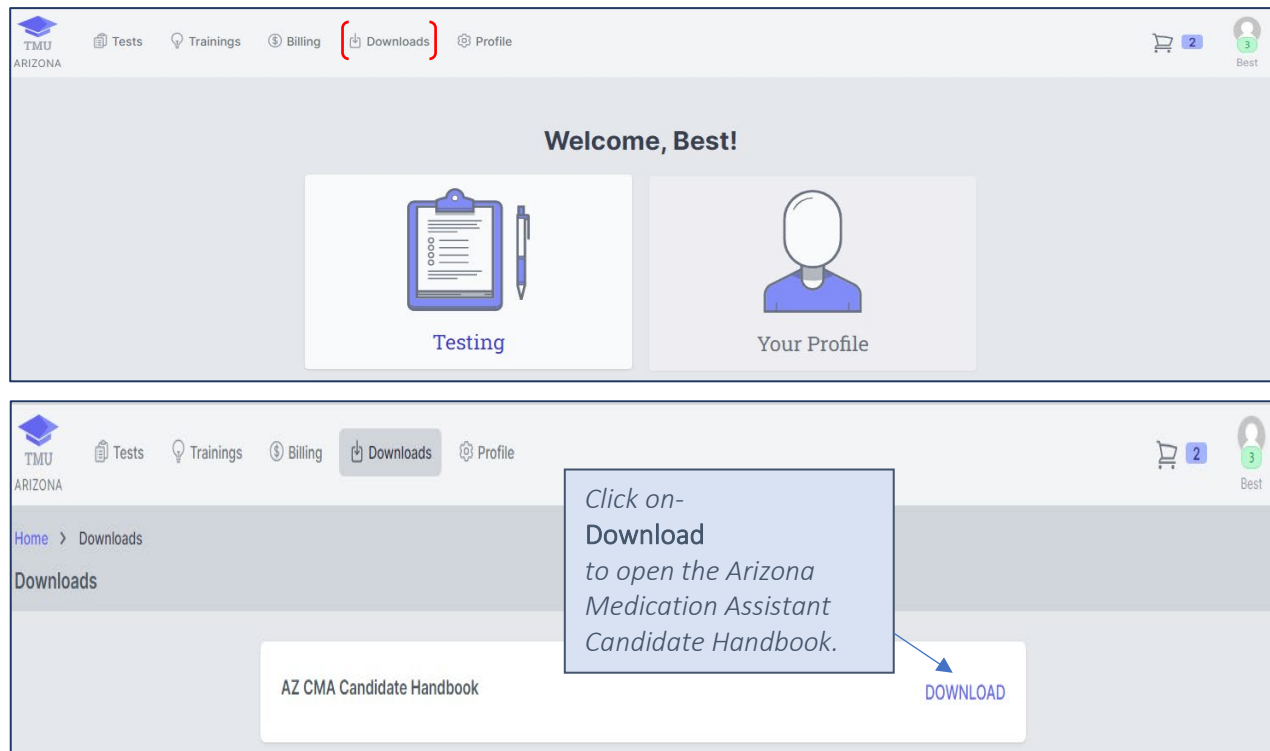
- Make sure you have signed in to your TMU© record at <http://az.tmutest.com> before your test date to update your password and complete your demographic information. Refer to the '**Complete Your Initial Sign In**' section of this handbook for instructions and information.
 - If you have not signed 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*.

Arizona Medication Assistant Candidate Handbook

- 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*.
 - 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 full clinical attire and the appropriate 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.
- No translation dictionaries are allowed, either paper format or electronic.
- 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

- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a medication assistant. (Examples: cast, arm/leg braces, crutches, etc.) If you are on doctor's orders, call D&SDT-Headmaster at (800)393-8664 immediately during regular business hours, Monday through Friday, 6:00AM to 6:00PM MST, excluding Holidays. You must fax a doctor's order **within 3 business days** of your scheduled exam day to qualify for a free reschedule.
- ***Please review this Arizona Medication Assistant Candidate Handbook before your test day for any updates to testing and/or policies.***
- 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.

Arizona Medication Assistant Candidate Handbook

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

Reschedules

All candidates are able to reschedule online in their record using their Test ID# and Pin# 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 <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 at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.

Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable

Arizona Medication Assistant Candidate Handbook

Form on the D&SDT-Headmaster main webpage at www.hdmaster.com 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. 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

Arizona Medication Assistant Candidate Handbook

Inclement Weather Policy

In the event of inclement weather, you will be expected to attend your scheduled 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*.

Candidate Feedback – Exit Survey

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

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.

Arizona Medication Assistant Candidate Handbook

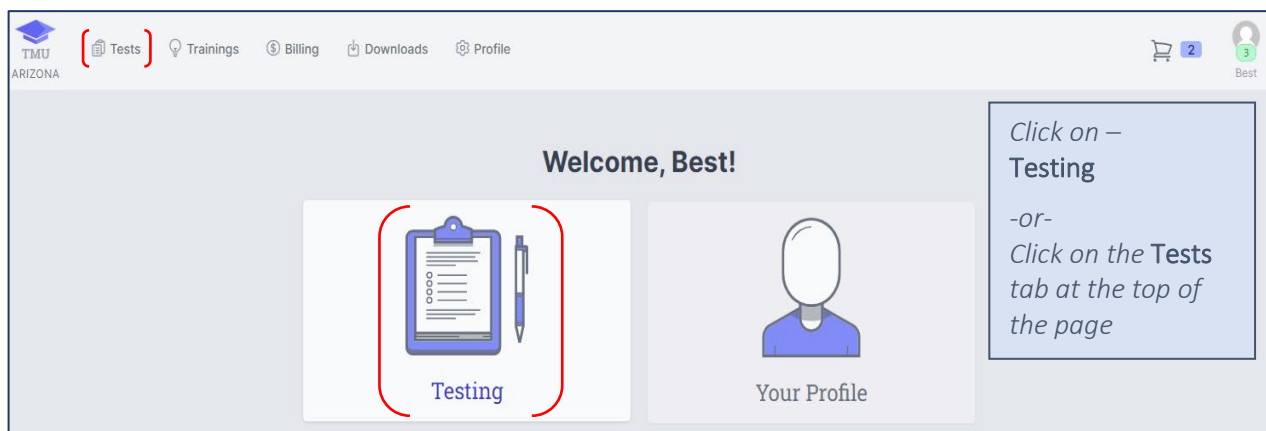
- **Weather or road condition related issue:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a road report, weather report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Medical emergency or illness:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Death in the family:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family includes 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 <https://az.tmutest.com>. (Refer to the screen shots below.)



Arizona Medication Assistant Candidate Handbook

Testing History				
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	Details Print Test Results
09/04/2022 8:00 AM MST	Medication Assistant Knowledge	ARIZONA MEDICAL TRAINING INSTITUTE (AMTI) - (TS) MESA, AZ	Passed	Details Print Test Results
09/04/2022 8:00 AM MST	Arizona Medication Assistant Skill Test Skill	ARIZONA MEDICAL TRAINING INSTITUTE (AMTI) - (TS) MESA, AZ	Failed	Details Print Test Results

Click on – Details

to view your results.

Click on Print Test Results to print your results.

Click on Please take our satisfaction survey to complete the exit survey.

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

Arizona Medication Assistant Candidate Handbook

Test Attempts

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

Retaking the Medication Assistant Test

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

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

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

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (800)393-8664 during regular business hours 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 (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

Arizona Medication Assistant Candidate Handbook

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, 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.

Arizona Medication Assistant Candidate Handbook

The Knowledge Test

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

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

You must have a score of **80%** or better to pass the knowledge portion of the exam.

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

NOTE: You will need your TMU© Username or Email and Password to sign in to your knowledge test. Please see the information under **‘Complete Your Initial Training’** to sign in to your record in TMU©.

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

Per the Arizona State Board of Nursing, no foreign translation dictionaries in any format are not allowed during testing.

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

Knowledge Test Content

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

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

Arizona Medication Assistant Candidate Handbook

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

1. An order for Colace qd would require that you administer this medication to a resident:

- (A) Once a week
- (B) Every day
- (C) On an empty stomach
- (D) When the resident complains of constipation

2. If a resident refuses to take the medication you bring to him, you should:

- (A) Make a mental note and plan to come back and try again later
- (B) Try to get the resident to take his medication anyway
- (C) Leave the medication on the resident's bedside stand and instruct him to take it later
- (D) Document the refusal and report it to the nurse

3. The following medication is not allowed to be administered by a medication assistant:

- (A) A regularly scheduled oral hypertensive agent
- (B) An antibiotic cream applied to an open wound
- (C) A laxative to be administered by rectal suppository
- (D) A schedule III controlled substance timed for every night

ANSWERS: 1-B | 2-D | 3-B

The Manual Skill Test

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

- 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 she/he sees you do. D&SDT-Headmaster scoring teams will officially score and double check your test.

Arizona Medication Assistant Candidate Handbook

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

Ear Drops / Tablet Medication Administration

- 1) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) **For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) **Identify the right drugs as obtaining the medications from the medication cart. (Show medications to the RN Test Observer.)**
- 8) **For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) **Medications selected are for the correct time.**
- 10) **Medications selected are for the correct routes.**
- 11) Open container.
- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Pour correct number of prescribed tablets into medication cup without touching medication.
- 14) Lock medication cart.
- 15) Close or cover MAR.
- 16) Greet resident.
- 17) Introduce self by name as a medication assistant.
- 18) Explain the procedure to the resident.
- 19) Ask resident to state their name.
- 20) Ask resident to state their date of birth.
- 21) **Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Give resident a glass of water.
- 23) Assist resident to take medication.
- 24) Watch the resident until the medication is swallowed.
- 25) Lower the head of the bed.
- 26) ~~Shake medication before use.~~ **REMOVED**
- 27) Remove container lid.
- 28) Do not contaminate lid during removal, replacement or while off container.
- 29) Turn resident's head toward correct side with correct ear upward.
- 30) Hold resident's external ear flap (pinna) and pull up and back.
- 31) **Instill the correct number of prescribed drops of medication into the ear.**
- 32) Do not touch inside of resident's ear canal with the container tip.
- 33) Tell resident to not move their head for a few minutes.

Arizona Medication Assistant Candidate Handbook

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

Eye Drops / Tablet Medication Administration

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

Arizona Medication Assistant Candidate Handbook

- 27) Do not contaminate lid during removal, replacement or while off container.
- 28) Gently tilt resident's head back with chin up.
- 29) Pull down on resident's lower eye lid of the correct eye making a pocket.
- 30) Ask resident to look up toward forehead.
- 31) Drop correct number of prescribed drops of medication into the pocket.**
- 32) Container tip does not touch resident's eye.
- 33) Apply gentle pressure to inner corner of resident's eye.
- 34) Use tissue to remove any excess fluid from around resident's eye.
- 35) Remove and discard gloves.
- 36) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 37) Return medication to the medication cart.
- 38) Lock medication cart.
- 39) Document administration on the medication administration record (MAR) on the correct day.**
- 40) Initial and sign MAR.
- 41) Close or cover MAR.
- 42) Maintain respectful, courteous interpersonal communications during administrations.
- 43) Place call light within easy reach of the resident.
- 44) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Nasal Spray / Tablet Medication Administration

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

Arizona Medication Assistant Candidate Handbook

- 16) Greet resident.
- 17) Introduce self by name as a medication assistant.
- 18) Explain the procedure to the resident.
- 19) Ask resident to state their name.
- 20) Ask resident to state their date of birth.
- 21) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Give resident a glass of water.
- 23) Assist resident to take medication one tablet at a time.
- 24) Watch resident until the medication is swallowed.
- 25) Remove container lid.
- 26) Do not contaminate lid during removal, replacement or while off container.
- 27) Have resident blow their nose.
- 28) Instruct resident to breath in with mouth closed.
- 29) Time administration of spray with resident's inhalation.
- 30) Administer correct number of prescribed spray(s) in resident's correct nostril.
- 31) Press resident's correct nostril closed while administering nasal spray.
- 32) Return medication to the medication cart.
- 33) Lock medication cart.
- 34) Document administration on the medication administration record (MAR) on the correct day.**
- 35) Initial and sign MAR.
- 36) Close or cover MAR.
- 37) Maintain respectful, courteous interpersonal communications during administrations.
- 38) Place call light within easy reach of the resident.
- 39) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Oral Capsule Medication Administration

- 1) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open first container or pop medication from blister pack.

Arizona Medication Assistant Candidate Handbook

- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Pour correct number of prescribed capsules in medication cup without touching medication.
- 14) Open second container or pop medication from blister pack.
- 15) Do not contaminate lid during removal, replacement or while off container.
- 16) Pour prescribed number of capsules in medication cup without touching medication.
- 17) Return medication to the medication cart.
- 18) Lock medication cart.
- 19) Close or cover MAR.
- 20) Greet resident.
- 21) Introduce self by name as a medication assistant.
- 22) Explain the procedure to the resident.
- 23) Ask resident to state their name.
- 24) Ask resident to state their date of birth.
- 25) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 26) Give resident a glass of water.
- 27) Assist the resident to take the medication one capsule at a time.
- 28) Watch the resident until the medication is swallowed.
- 29) Document administration on the medication administration record (MAR) on the correct day.**
- 30) Initial and sign MAR.
- 31) Close or cover MAR.
- 32) Maintain respectful, courteous interpersonal communications during administrations.
- 33) Place call light within easy reach of the resident.
- 34) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Oral Liquid Medication / Ear Drops Administration

- 1) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**
- 7) Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
- 8) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) Medications selected are for the correct time.**
- 10) Medications selected are for the correct routes.**
- 11) Open container.

Arizona Medication Assistant Candidate Handbook

- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Set medication cup on level surface.
- 14) Pour correct amount of prescribed medication in medication cup.**
- 15) Check for correct amount of medication at eye level.
- 16) Lock medication cart.
- 17) Close or cover MAR.
- 18) Greet resident.
- 19) Introduce self by name as a medication assistant.
- 20) Explain the procedure to the resident.
- 21) Ask resident to state their name.
- 22) Ask resident to state their date of birth.
- 23) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 24) Assist resident to take oral medication.
- 25) Watch resident until the medication is swallowed.
- 26) Lower the head of the bed.
- ~~27) Shake medication before use.~~ **REMOVED**
- 28) Remove container lid.
- 29) Do not contaminate lid during removal, replacement or while off container.
- 30) Turn resident's head to correct side with correct ear upward.
- 31) Hold resident's external ear flap (pinna) and pull up and back.
- 32) Instill the correct number of prescribed drops of medication into the ear.**
- 33) Container tip does not touch inside of resident's ear canal.
- 34) Tell resident to not move their head for a few minutes.
- 35) Return medication to the medication cart.
- 36) Lock medication cart.
- 37) Document administration on the medication administration record (MAR) on the correct day.**
- 38) Initial and sign MAR.
- 39) Close or cover MAR.
- 40) Maintain respectful, courteous interpersonal communications during administrations.
- 41) Place call light within easy reach of the resident.
- 42) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Oral Liquid Medication / Topical Ointment Medication Administration

- 1) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Obtain correct medications from the medication cart.
- 6) For each medication, identify the correct drug label for the correct resident's MAR.**

Arizona Medication Assistant Candidate Handbook

- 7) **Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
- 8) **For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 9) **Medications selected are for the correct time.**
- 10) **Medications selected are for the correct routes.**
- 11) Open container.
- 12) Do not contaminate lid during removal, replacement or while off container.
- 13) Set medication cup on a level surface.
- 14) **Pour correct amount of prescribed medication in medication cup.**
- 15) Check for correct amount of medication at eye level.
- 16) Lock medication cart.
- 17) Close or cover MAR.
- 18) Greet resident.
- 19) Introduce self by name as a medication assistant.
- 20) Explain the procedure to the resident.
- 21) Ask resident to state their name.
- 22) Ask resident to state their date of birth.
- 23) **Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 24) Assist resident to take oral medication.
- 25) Watch resident until the medication is swallowed.
- 26) Inspect resident's correct forearm skin area where medication is to be applied.
- 27) Put on one glove.
- 28) Open container.
- 29) Do not contaminate lid during removal, replacement or while off container.
- 30) Squeeze ointment onto finger of gloved hand.
- 31) Apply ointment on gloved finger to resident's correct forearm.
- 32) Spread ointment to cover entire area that is to be treated.
- 33) Remove and discard glove.
- 34) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 35) Return medication to the medication cart.
- 36) Lock medication cart.
- 37) **Document administration on the medication administration record (MAR) on the correct day.**
- 38) Initial and sign MAR.
- 39) Close or cover MAR.
- 40) Maintains respectful, courteous interpersonal communications during administrations.
- 41) Place call light within easy reach of the resident.
- 42) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Arizona Medication Assistant Candidate Handbook

Oral Tablet Medication / Eye Drop Administration

- 1) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Open MAR.
- 3) Identify correct resident's MAR.
- 4) Identify medications to be given to the resident.
- 5) Close or cover MAR.
- 6) Greet resident.
- 7) Introduce self by name as a medication assistant.
- 8) Explain the procedure to the resident.
- 9) Ask resident to state their name.
- 10) Ask resident to state their date of birth.
- 11) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 12) Listen to apical heart rate for 60 seconds with teaching stethoscope.
- 13) Record apical heart rate on the MAR.
- 14) Recorded apical heart rate is within 5 beats of the RN Test Observer's recorded apical heart rate.**
- 15) Verbalize whether or not to proceed with medication administration based upon apical heart rate obtained.**
- 16) Obtain correct medications from the medication cart.
- 17) For each medication, identify the correct drug label for the correct resident's MAR.**
- 18) Identify the right drugs as obtaining the medications from the medication cart. (Show medications to the RN Test Observer.)**
- 19) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
- 20) Medications selected are for the correct time.**
- 21) Medications selected are for the correct routes.**
- 22) If proceeding with tablet administration, open container.
- 23) If proceeding with tablet administration, do not contaminate lid during removal, replacement or while off container.
- 24) If proceeding with tablet administration, pour correct number of prescribed tablets into the medication cup without touching the medication.
- 25) Lock medication cart.
- 26) Close or cover MAR.
- 27) If proceeding with tablet administration, give resident a glass of water.
- 28) If proceeding with tablet administration, assist resident to take medication.
- 29) If proceeding with tablet administration, watch the resident until the medication is swallowed.
- 30) Put on gloves.
- 31) Remove container lid.
- 32) Do not contaminate lid during removal, replacement or while off container.
- 33) Gently tilt resident's head back with chin up.
- 34) Pull down on resident's lower eye lid of the correct eye making a pocket.

Arizona Medication Assistant Candidate Handbook

- 35) Ask resident to look up toward forehead.
- 36) Drop correct number of prescribed drops of medication into the pocket.**
- 37) Do not touch resident's eye with container tip.
- 38) Apply gentle pressure to inner corner of resident's eye.
- 39) Use tissue to remove any excess fluid from around resident's eye.
- 40) Remove and discard gloves.
- 41) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 42) Return medication to the medication cart.
- 43) Lock medication cart.
- 44) Document administration on the medication administration record (MAR) on the correct day.**
- 45) Initial and sign MAR.
- 46) Close or cover MAR.
- 47) Maintain respectful, courteous interpersonal communications during administrations.
- 48) Place call light within easy reach of the resident.
- 49) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Topical Ointment Medication / Oral Capsule Medication Administration

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

Arizona Medication Assistant Candidate Handbook

- 20) Ask resident to state their date of birth.
- 21) Identify the right resident using an appropriate method of identification (i.e.; picture, wrist band or facility appropriate method of identification).**
- 22) Give resident a glass of water.
- 23) Assist resident to take medication.
- 24) Watch resident until the medication is swallowed.
- 25) Inspect resident's correct forearm skin area where medication is to be applied.
- 26) Put on one glove.
- 27) Open container.
- 28) Do not contaminate lid during removal, replacement or while off container.
- 29) Squeeze ointment onto finger of gloved hand.
- 30) Apply ointment on gloved finger to resident's correct forearm.
- 31) Spread ointment to cover entire area that is to be treated.
- 32) Remove and discard glove.
- 33) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 34) Return medication to the medication cart.
- 35) Lock medication cart.
- 36) Document administration on the medication administration record (MAR) on the correct day.**
- 37) Initial and sign MAR.
- 38) Close or cover MAR.
- 39) Maintain respectful, courteous interpersonal communications during administrations.
- 40) Place call light within easy reach of the resident.
- 41) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Topical Spray Medication / Unit Dose Medication Administration

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

Arizona Medication Assistant Candidate Handbook

- 13) Record apical heart rate on the MAR.
 - 14) Recorded apical heart rate is within 5 beats of the RN Test Observer's recorded apical heart rate.**
 - 15) Verbalize whether or not to proceed with medication administration based upon apical heart rate obtained.**
 - 16) Obtain correct medications from the medication cart.
 - 17) For each medication, identify the correct drug label for the correct resident's MAR.**
 - 18) Identify the right drugs as obtaining the medications from the medication cart. (Show medication to the RN Test Observer.)**
 - 19) For each medication, identify the right dose and compare the labels to the right resident's MAR.**
 - 20) Medications selected are for the correct time.**
 - 21) Medications selected are for the correct routes.**
 - 22) If proceeding with tablet administration, open container.
 - 23) If proceeding with tablet administration, do not contaminate lid during removal, replacement or while off container.
 - 24) If proceeding with tablet administration, pour correct number of prescribed tablets into the medication cup without touching the medication.
 - 25) Lock medication cart.
 - 26) Close or cover MAR.
 - 27) If proceeding with tablet administration, give resident a glass of water.
 - 28) If proceeding with tablet administration, assist resident to take medication.
 - 29) If proceeding with tablet administration, watch the resident until the medication is swallowed.
 - 30) Inspect resident's correct forearm skin area where medication is to be applied.
 - 31) Open container.
 - 32) Do not contaminate lid during removal, replacement or while off container.
 - 33) Instruct resident to turn face away while spraying medication.
 - 34) Spray one spray on area on resident's forearm.
 - 35) Return medication to the medication cart.
 - 36) Lock medication cart.
 - 37) Document administration on the medication administration record (MAR) on the correct day.**
 - 38) Initial and sign MAR.
 - 39) Close or cover MAR.
 - 40) Maintain respectful, courteous interpersonal communications during drug administrations.
 - 41) Place call light within easy reach of the resident.
 - 42) Perform hand hygiene with hand sanitizer.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
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Arizona Medication Assistant Candidate Handbook

Knowledge Test Vocabulary List

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

antidote
antiemetic
anti-infective
antilipemics
antineoplastics
anti-Parkinson
antipruritic
antitussive
apical
aspiration
aspirin
astringents
Ativan
atorvastatin calcium (Lipitor)
authorized duties
bacterial infections
benzodiazepines
beta blockers
black box warnings
Board of Nursing
bulk-forming laxative
calcium
calculations
carbamazepine (Tegretol)
carbidopa/levodopa (Sinemet)
cardiac
cardiac medication
cardiovascular drugs
carisoprodol
central nervous system
certification criteria
certification renewal
cholesterol
cirrhosis
classification

Arizona Medication Assistant Candidate Handbook

clonidine (Catapres)
CMA eligibility
Colace
conduct unbecoming
confidentiality
congestive heart failure
constipation
continuing education
contraindicated
controlled drugs
controlled medications
controlled narcotics
controlled substance
correct administration
corticosteroids
cough medications
cumulative effect
decongestants
delegation
delegation of medications
Depakote
dermatological medication
diabetes
diazepam (Valium)
dietary supplements
digitalis
digoxin (Lanoxin)
digoxin administration
discontinued medication
disposal
diuretic
documentation
docusate sodium (Colace)
dosage
dosage calculation

drug actions
drug dependence
Drug Enforcement Agency
drug interactions
drug metabolism
drug reference
drugs
dyspnea
ear drops
edema
electronic documentation
enalapril maleate (Vasotec)
enteric coatings
error reporting
estrogen
excretion
expected adverse affects
extrapyramidal symptoms (EPS)
eye medication
facility policy
fat soluble
fluoxetine hydrochloride (Prozac)
Food and Drug Administration requirement
fraud
furosemide (Lasix)
glaucoma
glipizide (Glucotrol XL)
gout
habit forming
haloperidol (Haldol)
held medication
herbal medications
histamine
hormones

Arizona Medication Assistant Candidate Handbook

hyperglycemia

hyperkalemia

hypnotic

hypoglycemia

hypokalemia

ibuprofen

infection control

infections

inflammation

insulin

integumentary system

international time

interpreting administration directions

iron preparations

iron sulfate

itching

kidneys

laxative

laxative affects

legal restriction

lethal dose

levothyroxine sodium (Synthroid)

liquid administration

liquid medication

lisinopril

lithium carbonate (Lithane)

lorazepam (Ativan)

MAR

maximum dose

measurement equivalents

measuring device

medication administration

medication administration
documentation

medication administration record

medication affect

medication affects on body

medication assistant's role

medication calculation

medication categories

medication disposal

medication error

medication information

medication interaction

medication inventory

medication knowledge

medication label

medication order

medication route

medication storage

medications

medications affect

mg

mineralocorticoid

missed dose

missed medication

muscle relaxants

naproxen (Naprosyn)

narcotic medication

narcotics

narrow-spectrum antibiotic

nasal medication

nasal spray

negligent

nitrofurantoin (Furadantin)

nitroglycerin

nonsteroidal anti-inflammatory drugs

nothing by mouth

nurse supervision

Nursing Drug Reference manual

Arizona Medication Assistant Candidate Handbook

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
special instructions
state regulation
statin
stimulants
sublingual
sulfonamides
supplements
suppository

Notes:

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