



**D&S Diversified Technologies LLP**

**Headmaster LLP**

# **Arizona Medication Assistant Candidate Handbook**

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*EFFECTIVE: January 1, 2020*

Version 2

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## Arizona Medication Assistant Candidate Handbook

EFFECTIVE: January 1, 2020

### Contact Information

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

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## Introduction

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

This handbook describes the process of taking the Medication Assistant competency examination and is designed to help prepare candidates for testing.

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

Arizona has approved D&S Diversified Technologies-Headmaster LLP to provide tests and scoring services for Medication Assistant Testing. For question not answered in this handbook please contact Headmaster at toll free 800-393-8664 or go to [http://hdmaster.com/testing/othertesting/arizona\\_cma/AZ\\_CMA\\_Home.htm](http://hdmaster.com/testing/othertesting/arizona_cma/AZ_CMA_Home.htm).

## Americans with Disabilities Act (ADA)

### ADA Compliance

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

[http://hdmaster.com/testing/othertesting/arizona\\_cma/amformpages/amforms/1404AM.pdf](http://hdmaster.com/testing/othertesting/arizona_cma/amformpages/amforms/1404AM.pdf)

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

## The Arizona Medication Assistant Competency Exam

### Payment Information

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

### 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&S Diversified Technologies – Headmaster LLP 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.

### Medication Assistant Training Program Candidates

Your training program will enter your initial training information into the WebETest© database. Your training program instructor/program will verify the name entered into WebETest© against the identification you will present when you sign in at a test event. Your ID must be a US government issued, photo bearing ID. You should receive a verification form during your training to sign, attesting to the fact that there is an exact match. If you discover your ID name doesn't match your name as listed in WebETest©, please call Headmaster at 800-393-8664. Once your

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instructor or training program enters the date you successfully complete training into WebETest®, you may schedule your exam date online at:

<https://www.dandsdiversifiedtech.com/cgi-bin/CGIRegMaster/login?StateAbbrv=AM&logtype=Schedule>

Log-in with your secure Test ID# and Pin# provided to you by your training program or from Headmaster at 800-393-8664.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying, you will be able to schedule and/or reschedule up to one (1) full 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 change or reschedule your test date, login to WebETest® at:

<https://www.dandsdiversifiedtech.com/cgi-bin/CGIRegMaster/login?StateAbbrv=AM&logtype=Sched>

If you are unable to schedule/reschedule on-line, please call Headmaster at 800-393-8664 for assistance.

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

You may also schedule a test date by mailing (P.O. Box 6609, Helena, MT 59604) to Headmaster a paper Scheduling and Payment Form 1402AM:

[http://hdmaster.com/testing/othertesting/arizona\\_cma/amformpages/amforms/1402AM.pdf](http://hdmaster.com/testing/othertesting/arizona_cma/amformpages/amforms/1402AM.pdf)

indicating your test date choices along with your payment (money order, cashier's check, facility check, Visa or MasterCard). No personal checks or cash are accepted. If paying with a Visa or MasterCard, you may image and email ([hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com)) your Scheduling and Payment Form 1402AM.

Complete the Scheduling and Payment Form 1402AM by including first and second date choices for your testing. Please keep in mind we need lead time to prepare and ship tests. Therefore, we cannot schedule you for a test date if we do not receive your form at least eight (8) business days prior to your requested test date. Saturdays, Sundays and Holidays are not counted as business days. All Headmaster forms can be found on the Arizona CMA page of our website at [http://hdmaster.com/testing/othertesting/arizona\\_cma/AZ\\_CMA\\_Home.htm](http://hdmaster.com/testing/othertesting/arizona_cma/AZ_CMA_Home.htm).

***Please note: Forms with missing information, payment or signatures will be returned to the candidate.***

If you fax (406-442-3357) your Headmaster forms, a credit card payment is required and a \$5 Priority Fax Service Fee applies. If we are able to schedule you to test within eight (8) business days of your requested test date a \$15 Express Service Fee and/or a \$39.50 Overnight Express Shipping Fee per candidate may apply. We do not accept personal checks or cash for testing fees. We accept Money Orders, Cashier's Checks, Facility Checks, MasterCard or Visa cards.

Candidates can also view their confirmation notice any time by logging into their WebETest® account at <https://www.dandsdiversifiedtech.com/cgi-bin/CGIRegMaster/login?StateAbbrv=AM&logtype=Schedule> using your Social Security Number and Pin Number, if you do not know your PIN #, please call Headmaster at 800-393-8664.

**HEADMASTER does not send postal mail test confirmation letters to candidates.**

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, you must complete another AZBN approved medication aide 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 where you trained has already scheduled your test. Regional test seats are open to all candidates. Regional test dates are posted on the AZ MA page of our website, [www.hdmaster.com](http://www.hdmaster.com) under the

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“Candidate Forms” column. Click on the button “Three Month Test Schedule”. Be sure to read the important notes at the top of the first calendar.

If you have any questions regarding your test scheduling, call Headmaster at 800-393-8664, Monday through Friday 8 am to 6 pm Mountain Standard time.

### ***Education Waivers for Military, Foreign Graduate or Nursing Student***

If you have an AZBN-approved MA Education Waiver (military, foreign graduate or nursing student), Headmaster will complete your registration and scheduling upon receipt of your application. Complete the Headmaster MA Application Form 1101AM, and the Headmaster Scheduling and Payment Form 1402AM (both forms can be found on the AZ MA page of our website ([http://hdmaster.com/testing/othertesting/arizona\\_cma/AZ\\_CMA\\_Home.htm](http://hdmaster.com/testing/othertesting/arizona_cma/AZ_CMA_Home.htm)), and email ([hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com)), mail (PO Box 6609, Helena, MT 59604) or fax (406-442-3357) these forms, along with a copy of your AZBN MA Education Waiver approval, to Headmaster with your payment: if via mail-money order, cashier’s check, facility check made out to **HEADMASTER** (*no personal checks or cash*); and if via email or fax- Visa or MasterCard –.

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”.

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

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

### ***Exam Check-In***

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

### ***Testing Attire***

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

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

Long hair must be pulled back.

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

### ***Identification***

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

- Driver’s License (*Arizona Driver’s License must be issued January 1, 1997 and later*)
- State issued Identification Card (*Arizona State ID must be issued January 1, 1997 and later*)
- US Passport (Foreign Passports *are not* acceptable)
- Military Identification (that meets all identification requirements)

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- Alien Registration Card
- Tribal Identification Card (that meets all identification requirements)
- Work Authorization Card

**Please note: \*A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID. You will not be admitted for testing and you will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.\***

The **FIRST** and **LAST** names listed on the 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 AZ medication assistant database by your training program. You may call Headmaster at 800-393-8664 to confirm that your name of record matches your US government issued ID, or log in to the AZ MA webpage at:

[http://hdmaster.com/testing/othertesting/arizona\\_cma/AZ\\_CMA\\_Home.htm](http://hdmaster.com/testing/othertesting/arizona_cma/AZ_CMA_Home.htm)

using your Test ID# and PIN# to check on or change your demographic information.

It is recommended that you print out, read and bring your test confirmation notice with you on your test day, although it is not required for test admission.

**Please note: You will not be admitted for testing if you do not bring proper ID, your ID is invalid (\*see note above) or if your FIRST and LAST printed names on your US government issued photo ID do not match your current name of record. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.**

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

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

Test instructions for the knowledge and skill tests will be provided in written and oral format in the waiting area when you sign-in for your test. Oral and PDF versions are also available anytime from your smart phone via the link on Headmaster's Arizona Medication Assistant website at:

[http://hdmaster.com/testing/othertesting/arizona\\_cma/AZ\\_CMA\\_Home.htm](http://hdmaster.com/testing/othertesting/arizona_cma/AZ_CMA_Home.htm)

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

### **Testing Policies**

The following policies are observed at each test site—

- Plan to be at the test site up to five (5) hours.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20-30 minutes before your scheduled start time – if you test start time is 8:00am, you need to be at the test site by 7:40am at the latest), you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government issued, photo ID, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If the FIRST and LAST printed names on your ID do not match your current name of record, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not wear scrubs and the appropriate shoes and conform to all testing policies, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees on-line in your own record using your ID and PIN# or submit Form 1402AM (Scheduling and Payment

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Form) to schedule another exam date. If your exam is paid for by a US government funded facility, that facility will be charged a No Show fee.

- Cell phones, smart watches, fitness monitors, electronic recording devices and personal items (such as 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 in the designated area and you are to collect these items when you complete your test(s). All electronic devices must be **turned off**. Any smart watches or fitness monitors must be removed from your wrist. Anyone caught using any type of electronic recording device during testing will be removed, forfeit all testing fees 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 take any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke 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.
- No visitors, guests, pets (including companion animals) or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a medication assistant. (examples: cast, arm/leg braces, crutches, etc.) Call Headmaster immediately if you are on doctor's orders. You must fax a doctor's order **within three (3) business days** of your scheduled exam day to qualify for a free reschedule.

### Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failure. 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 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 test failure 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 need to obtain permission from AZBN in order to be eligible to test again.

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

### Reschedules

All candidates are entitled to one free reschedule any time up until **one (1) business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and Holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place.

- Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business (Headmaster is open until 6:00pm Mountain time) the Thursday before your



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scheduled exam. The Friday before a scheduled test date on a Saturday, Sunday or Monday is considered the business day before your scheduled exam and a reschedule would not be granted on the Friday.

Scheduled test date is on a:	Reschedule by 6 pm Mountain Standard Time on the previous:
Monday	Thursday
Tuesday	Friday
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday
Saturday	Thursday
Sunday	Thursday

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

## Cancellations

Cancellation requests must be made within six (6) months of payment of testing fees with Headmaster. A request must be made *in writing* to cancel an exam any time up until one (1) full business day preceding a scheduled exam, **excluding** Saturdays, Sundays, and Holidays, and qualify for a full refund of any testing fees paid minus a \$25 cancellation fee. We accept faxed (406-442-3357) or emailed ([hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com)) requests for cancellation.

- Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to submit a written cancellation request by close of business (Headmaster is open until 6:00pm Mountain time) the Thursday before your scheduled exam. The Friday before a scheduled test date on a Saturday, Sunday or Monday is considered the business day before your scheduled exam and a cancellation would not be granted on the Friday.

## No Shows

If you are scheduled for your exam and do not show up without notifying 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 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 Cancellations), 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:** Headmaster must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within **2 business days** of the exam date, if we do not receive proof within the 2 business day time frame you will have to pay as though you were a No Show.

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- **Medical emergency:** Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **5 business days** of the missed exam date, if we do not receive proof within the 5 business days time frame you will have to pay as though you were a No Show.
- **Death in the family:** Headmaster must be contacted and an obituary for **immediate family only** submitted within **14 business days** from a missed exam date. (Immediate family is parents, grand and great-grand parents, siblings, children or spouse.)

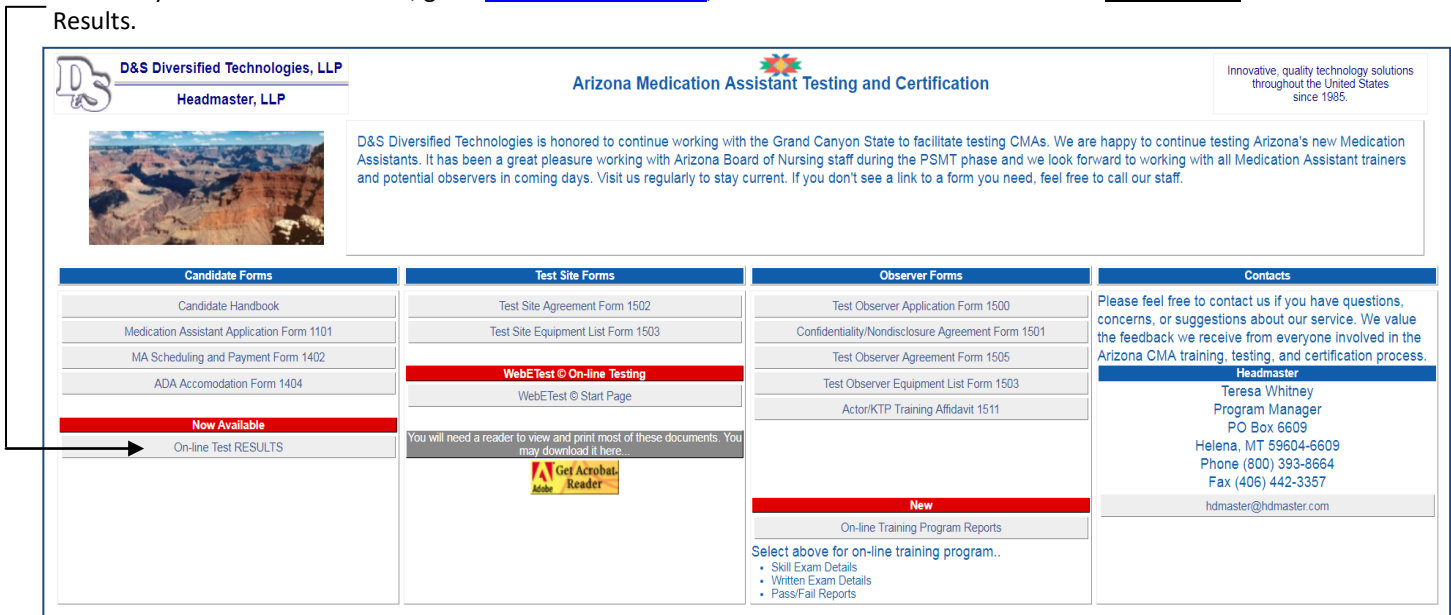
## Test Results

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 are available to you after 6pm Mountain Standard time the day tests are scored. You will be able to access your test results online at [www.hdmaster.com](http://www.hdmaster.com).

You will be emailed your test results to the email in your record and/or a copy of your test results can be printed from Headmaster's website any time after your test has been officially scored. Your device must have an RTF reader to open emailed test results.

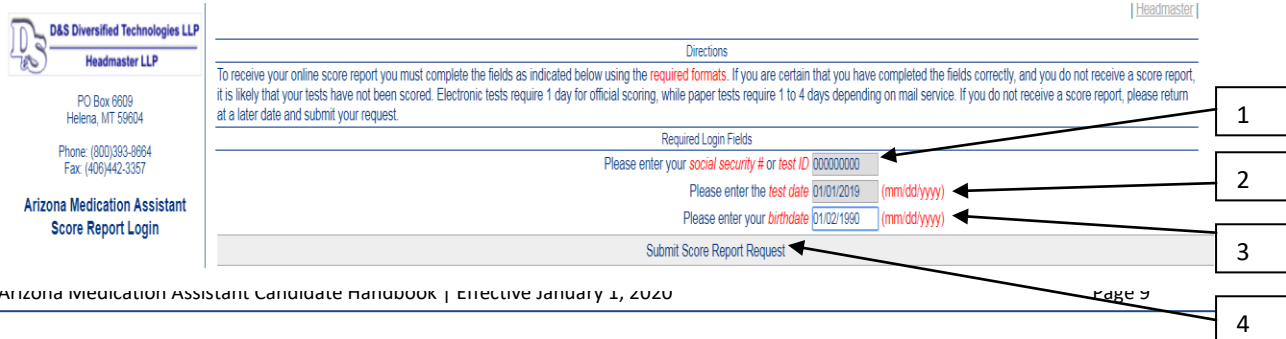
**HEADMASTER does not send postal mail test result letters to candidates.**

To check your test results on-line, go to [www.hdmaster.com](http://www.hdmaster.com), click on ARIZONA CMA and click on On-Line Test Results.



The screenshot shows the Headmaster website interface. The 'Candidate Forms' section is highlighted with a red box, and an arrow points to the 'On-line Test RESULTS' link. Other sections include 'Test Site Forms', 'Observer Forms', and 'Contacts'.

- 1) Type in your social security number
- 2) Type in your test date
- 3) Type in your birth date
- 4) Click on Submit Score Report Request



The screenshot shows the 'Arizona Medication Assistant Score Report Login' form. The form includes a header with the company logo and contact information, a 'Directions' section, and a 'Required Login Fields' section. Four numbered callouts (1-4) point to the following fields:

- 1: Social security # or test ID (00000000)
- 2: Test date (01/01/2019) (mm/dd/yyyy)
- 3: Birthdate (01/02/1990) (mm/dd/yyyy)
- 4: Submit Score Report Request button

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## 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 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.

- An attempt means checking in for the competency evaluation and receiving the knowledge test booklet (either paper or electronically) or the skill test instructions including the skills that are to be performed. If a candidate decides to not complete the test after receiving the knowledge test booklet (paper or electronically) or the skill test instructions, the attempt will be scored as a failure.

## Applying for an Arizona License

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 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.

Cindy -- ANY NEW INFORMATION ON THIS PROCESS FROM THE BOARD --- Needing their LNA, etc???

## Retaking the Medication Assistant Test

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination and when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule an exam date:

You can schedule a test or re-test on-line at [www.hdmaster.com](http://www.hdmaster.com) with a VISA or MASTERCARD (click on Arizona CMA, click on Schedule/Reschedule and then log-in with your secure Test ID# and Pin#), you will need to pay with a VISA or MASTERCARD first and then will be able to schedule. Call Headmaster at 800-393-8664 if assistance is needed or to get your ID# and Pin#.

You may schedule a re-test by completing the Scheduling and Payment Form 1402AM available on our website:

- Fill out Exam types and Fee payment on a new Scheduling and Payment Form 1402AM and choose test dates from the Three Month Test Schedule (Form 1700) and write them on the Scheduling and Payment Form 1402AM under Option 1 (Regional Test Site Schedule).
- You will need to submit your Scheduling and Payment Form 1402AM to Headmaster either by fax (\$5.00 extra fax fee applies), email (scan or image and attach) or mail.

If you need assistance scheduling your re-test, please call Headmaster at 800-393-8664. 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 Scheduling and Payment Form 1402AM, check the Test Review Fee of \$25 (cashier's check, money order, credit or debit card with expiration date) and a detailed explanation of why you feel your dispute is valid via email, fax or mail **within 10 business days** of your test date (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered. Since one qualification for certification as a medication assistant in Arizona is demonstration by

examination of minimum medication assistant knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, Headmaster will pay for your re-test fee and refund your review fee. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email or mail the review results to your email address or physical address of record and to the Arizona Board of Nursing.

## 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 sixty (60) minutes 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?”) For paper tests, fill in only one (1) oval on the answer sheet for each question. Do not mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. **You must have a score of 80% or better to pass the knowledge portion of the exam.**

- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. Do not bring or use ink pens.

Electronic testing called WebEtest© using Internet connected computers is utilized at several sites in Arizona. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online with WebEtest© allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing.

Per the Arizona State Board of Nursing, translation dictionaries 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. The subject areas are as follows:

Six Rights (3)	Error Reporting (3)
Affects of Medication (10)	Role/Responsibilities (7)
Allowable Routes (3)	Body Systems – A&P (3)
Controlled Substances (2)	Terminology (6)
Medication Administration (10)	Regulations (3)
Documentation (3)	Resident Safety – Infection Control (2)

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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 **twenty-five (25) minutes** to complete the four medication administrations. After 10 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on all medication administrations assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step. You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted twenty-five (25) minutes or until you tell the RN Test Observer you are finished with the Skill Test.

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## Skill Tasks Listing

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

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

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

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## Oral Liquid / Ear Drops Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Obtains correct medications from the medication cart.
- 3) For each medication, identifies the correct drug label for the correct resident's MAR.**
- 4) Identifies the right drugs as obtaining the medications from the medication cart.**
- 5) For each medication, identifies the right doses and compares the labels to the right resident's MAR.**
- 6) Medications selected are for the correct time.**
- 7) Medications selected are for the correct routes.**
- 8) Opens container.
- 9) Does not contaminate lid during removal or while off container.
- 10) Sets medication cup on level surface.
- 11) Pours correct amount of medication.**
- 12) Checks for correct amount of medication at eye level.
- 13) Locks medication cart.
- 14) Closes or covers MAR.
- 15) Greets resident.
- 16) Asks resident to state his/her name.
- 17) Asks resident to state his/her date of birth.
- 18) Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 19) Introduces self by name as a medication assistant.
- 20) Explains procedure to the resident.
- 21) Assists resident to take oral medication.
- 22) Lowers the head of the bed.
- 23) Shakes medication before use.
- 24) Turns resident's head to correct side with correct ear upward.
- 25) Holds external ear flap (pinna) and pulls up and back.
- 26) Instills the number of prescribed drops of medication into the ear.**
- 27) Dropper tip does not touch inside of ear canal.
- 28) Tells resident to not move his/her head for a few minutes.
- 29) Returns medication bottle to the medication cart.
- 30) Locks medication cart.

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- 31) **Documents administration on the medication administration record (MAR) on the correct day.**
- 32) Closes or covers MAR.
- 33) Maintains respectful, courteous interpersonal communications during drug administrations.
- 34) Leaves call light or signaling device within easy reach of the resident.
- 35) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

### Topical Medication / Unit Dose Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Greets resident.
- 3) Asks resident to state his/her name.
- 4) Asks resident to state his/her date of birth.
- 5) **Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 6) Introduces self by name as a medication assistant.
- 7) Explains procedure to the resident.
- 8) Listen to apical heart rate for 60 seconds with teaching stethoscope.
- 9) Records heart rate on the MAR.
- 10) **Recorded heart rate is within 5 beats of the RN Test Observers.**
- 11) **Verbalizes whether or not to proceed with medication administration based upon heart rate obtained.**
- 12) Candidate obtains correct medications from the medication cart.
- 13) **For each medication, identifies the correct drug label for the correct resident's MAR.**
- 14) **Identifies the right drugs as obtains the medications from the medication cart.**
- 15) **For each medication, identifies the right doses as compares the labels to the right resident's MAR.**
- 16) **Medications selected are for the correct time.**
- 17) **Medications selected are for the correct routes.**
- 18) Locks medication cart.
- 19) Closes or covers MAR.
- 20) If proceeds with tablet administration, opens container.
- 21) Does not contaminate lid during removal or while off container.
- 22) If proceeds with tablet administration, places correct number of tablets into the medication cup without touching the medication.
- 23) If proceeds with tablet administration, gives resident a glass of water.
- 24) If proceeds with tablet administration, assists resident to take medication.
- 25) Inspects correct forearm skin area where medication is to be applied.
- 26) Instructs resident to turn face away while spraying.
- 27) Sprays one spray on area on forearm.
- 28) Returns spray bottle to the medication cart.
- 29) Locks medication cart.
- 30) **Documents administration on the medication administration record (MAR) on the correct day.**
- 31) Closes or covers MAR.
- 32) Maintains respectful, courteous interpersonal communications during drug administrations.
- 33) Leaves call light or signaling device within easy reach of the resident.
- 34) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

### Topical / Oral Capsule Medication Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Obtains correct medications from the medication cart.
- 3) For each medication, identifies the correct drug label for the correct resident's MAR.**
- 4) Identifies the right drugs as obtaining the medications from the medication cart.**
- 5) For each medication, identifies the right doses and compares the labels to the right resident's MAR.**
- 6) Medications selected are for the correct time.**
- 7) Medications selected are for the correct routes.**
- 8) Puts capsule in medication cup without touching the medication.
- 9) Locks medication cart.
- 10) Closes or covers MAR.
- 11) Greets resident.
- 12) Asks resident to state his/her name.
- 13) Asks resident to state his/her date of birth.
- 14) Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 15) Introduces self by name as a medication assistant.
- 16) Explains procedure to the resident.
- 17) Gives resident a glass of water.
- 18) Assists resident to take medication.
- 19) Inspects correct forearm skin area where medication is to be applied.
- 20) Puts on one glove.
- 21) Opens container.
- 22) Does not contaminate lid during removal or while off container.
- 23) Applies ointment to finger of gloved hand.
- 24) Applies ointment on gloved finger to correct forearm.
- 25) Spreads ointment to cover entire area that is to be treated.
- 26) Removes and discards glove.
- 27) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 28) Returns ointment tube to the medication cart.
- 29) Locks medication cart.
- 30) Documents administration on the medication administration record (MAR) on the correct day.**
- 31) Closes or covers MAR.
- 32) Maintains respectful, courteous interpersonal communications during drug administrations.
- 33) Leaves call light or signaling device within easy reach of the resident.
- 34) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

### Oral Tablet / Eye Drop Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Greets resident.
- 3) Asks resident to state his/her name.
- 4) Asks resident to state his/her date of birth.



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- 5) **Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 6) Introduces self by name as a medication assistant.
- 7) Explains procedure to the resident.
- 8) Listen to apical heart rate for 60 seconds with teaching stethoscope.
- 9) Records heart rate on the MAR.
- 10) **Recorded heart rate is within 5 beats of the RN Test Observers.**
- 11) **Verbalizes whether or not to proceed with medication administration based upon heart rate obtained.**
- 12) Candidate obtains correct medications from the medication cart.
- 13) **For each medication, identifies the correct drug label for the correct resident's MAR.**
- 14) **Identifies the right drugs as obtains the medications from the medication cart.**
- 15) **For each medication, identifies the right doses as compares the labels to the right resident's MAR.**
- 16) **Medications selected are for the correct time.**
- 17) **Medications selected are for the correct routes.**
- 18) If proceeds with tablet administration, opens container.
- 19) Does not contaminate lid during removal or while off container.
- 20) If proceeds with tablet administration, places prescribed number of tablets into the medication cup without touching the medication.
- 21) Locks medication cart.
- 22) Closes or covers MAR.
- 23) If proceeds with tablet administration, gives resident a glass of water.
- 24) If proceeds with tablet administration, assists resident to take medication.
- 25) Puts on gloves.
- 26) Removes lid.
- 27) Does not contaminate lid during removal or while off container.
- 28) Gently lifts resident's head back with chin up.
- 29) Pulls down on lower eye lid of the correct eye making a pocket.
- 30) Asks resident to look up toward forehead.
- 31) **Drops prescribed number of drops of medication into the pocket.**
- 32) Dropper tip does not touch eye.
- 33) Applies gentle pressure to inner corner of eye for one minute.
- 34) Uses tissue to remove any excess fluid from around eye.
- 35) Removes and discards gloves.
- 36) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 37) Returns medication bottle to the medication cart.
- 38) Locks medication cart.
- 39) **Documents administration on the medication administration record (MAR) on the correct day.**
- 40) Closes or covers MAR.
- 41) Maintains respectful, courteous interpersonal communications during drug administrations.
- 42) Leaves call light or signaling device within easy reach of the resident.
- 43) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

## Oral Capsule Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Obtains correct medications from the medication cart.
- 3) For each medication, identifies the correct drug label for the correct resident's MAR.**
- 4) Identifies the right drugs as obtaining the medications from the medication cart.**
- 5) For each medication, identifies the right doses and compares the labels to the right resident's MAR.**
- 6) Medications selected are for the correct time.**
- 7) Medications selected are for the correct routes.**
- 8) Opens first container.
- 9) Does not contaminate lid during removal or while off container.
- 10) Pours prescribed number of capsules in medication cup without touching medication.
- 11) Opens second container.
- 12) Does not contaminate lid during removal or while off container.
- 13) Pours prescribed number of capsules in medication cup without touching medication.
- 14) Returns medication to the medication cart.
- 15) Locks medication cart.
- 16) Closes or covers MAR.
- 17) Greets resident.
- 18) Asks resident to state his/her name.
- 19) Asks resident to state his/her date of birth.
- 20) Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 21) Introduces self by name as a medication assistant.
- 22) Explains procedure to the resident.
- 23) Gives resident a glass of water.
- 24) Assists the resident to take the medication one capsule at a time.
- 25) Stays with the resident until the medication has been swallowed.
- 26) Documents administration on the medication administration record (MAR) on the correct day.**
- 27) Closes or covers MAR.
- 28) Maintains respectful, courteous interpersonal communications during drug administrations.
- 29) Leaves call light or signaling device within easy reach of the resident.
- 30) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

## Oral Liquid / Ointment Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Obtains correct medications from the medication cart.
- 3) For each medication, identifies the correct drug label for the correct resident's MAR.**
- 4) Identifies the right drugs as obtaining the medications from the medication cart.**
- 5) For each medication, identifies the right doses and compares the labels to the right resident's MAR.**
- 6) Medications selected are for the correct time.**
- 7) Medications selected are for the correct routes.**
- 8) Opens container.
- 9) Does not contaminate lid during removal or while off container.
- 10) Sets medication cup on level surface.

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- 11) Pours correct amount of medication.**
- 12) Checks for correct amount of medication at eye level.
- 13) Locks medication cart.
- 14) Closes or covers MAR.
- 15) Greets resident.
- 16) Asks resident to state his/her name.
- 17) Asks resident to state his/her date of birth.
- 18) Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 19) Introduces self by name as a medication assistant.
- 20) Explains procedure to the resident.
- 21) Assists resident to take oral medication.
- 22) Inspects correct forearm skin area where medication is to be applied.
- 23) Puts on one glove.
- 24) Opens container.
- 25) Does not contaminate lid during removal or while off container.
- 26) Applies ointment to finger of gloved hand.
- 27) Applies ointment on gloved finger to correct forearm.
- 28) Spreads ointment to cover entire area that is to be treated.
- 29) Removes and discards glove.
- 30) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 31) Returns ointment tube to the medication cart.
- 32) Locks medication cart.
- 33) Documents administration on the medication administration record (MAR) on the correct day.**
- 34) Closes or covers MAR.
- 35) Maintains respectful, courteous interpersonal communications during drug administrations.
- 36) Leaves call light or signaling device within easy reach of the resident.
- 37) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

### Ear Drops / Tablet Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Obtains correct medications from the medication cart.
- 3) For each medication, identifies the correct drug label for the correct resident's MAR.**
- 4) Identifies the right drugs as obtaining the medications from the medication cart.**
- 5) For each medication, identifies the right doses and compares the labels to the right resident's MAR.**
- 6) Medications selected are for the correct time.**
- 7) Medications selected are for the correct routes.**
- 8) Opens container.
- 9) Does not contaminate lid during removal or while off container.
- 10) Pours prescribed tablets into medication cup without touching medication.
- 11) Locks medication cart.
- 12) Closes or covers MAR.
- 13) Greets resident.
- 14) Asks resident to state his/her name.

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- 15) Asks resident to state his/her date of birth.
- 16) Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 17) Introduces self by name as a medication assistant.
- 18) Explains procedure to the resident.
- 19) Gives resident a glass of water.
- 20) Assists resident to take medication.
- 21) Lowers the head of the bed.
- 22) Shakes medication before use.
- 23) Turns resident's head toward correct side with correct ear upward.
- 24) Holds external ear flap (pinna) and pulls up and back.
- 25) Instills the number of prescribed drops of medication into the ear.**
- 26) Dropper tip does not touch inside of ear canal.
- 27) Tells resident to not move his/her head for a few minutes.
- 28) Returns medication bottle to the medication cart.
- 29) Locks medication cart.
- 30) Documents administration on the medication administration record (MAR) on the correct day.**
- 31) Closes or covers MAR.
- 32) Maintains respectful, courteous interpersonal communications during drug administrations.
- 33) Leaves call light or signaling device within easy reach of the resident.
- 34) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

### Nasal Spray / Tablet Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Obtains correct medications from the medication cart.
- 3) For each medication, identifies the correct drug label for the correct resident's MAR.**
- 4) Identifies the right drugs as obtaining the medications from the medication cart.**
- 5) For each medication, identifies the right doses and compares the labels to the right resident's MAR.**
- 6) Medications selected are for the correct time.**
- 7) Medications selected are for the correct routes.**
- 8) Opens container.
- 9) Does not contaminate lid during removal or while off container.
- 10) Pours correct number of prescribed tablets into medication cup without touching medication.
- 11) Locks medication cart.
- 12) Closes or covers MAR.
- 13) Greets resident.
- 14) Asks resident to state his/her name.
- 15) Asks resident to state his/her date of birth.
- 16) Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 17) Introduces self by name as a medication assistant.
- 18) Explains procedure to the resident.
- 19) Gives resident a glass of water.
- 20) Assists resident to take medication.
- 21) Has resident blow his/her nose.
- 22) Instructs resident to breath in with mouth closed.

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- 23) Times administrations of spray with resident's inhalation.
- 24) Administers prescribed number of sprays in correct nostril.
- 25) Presses correct nostril closed while administering nasal spray.
- 26) Returns medication bottle to the medication cart.
- 27) Locks medication cart.
- 28) Documents administration on the medication administration record (MAR) on the correct day.**
- 29) Closes or covers MAR.
- 30) Maintains respectful, courteous interpersonal communications during drug administrations.
- 31) Leaves call light or signaling device within easy reach of the resident.
- 32) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

### Eye Drops / Tablet Administration

- 1) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 2) Obtains correct medications from the medication cart.
- 3) For each medication, identifies the correct drug label for the correct resident's MAR.**
- 4) Identifies the right drugs as obtaining the medications from the medication cart.**
- 5) For each medication, identifies the right doses and compares the labels to the right resident's MAR.**
- 6) Medications selected are for the correct time.**
- 7) Medications selected are for the correct routes.**
- 8) Opens container.
- 9) Does not contaminate lid during removal or while off container.
- 10) Pours correct number of prescribed tablets into medication cup without touching medication.
- 11) Locks medication cart.
- 12) Closes or covers MAR.
- 13) Greets resident.
- 14) Asks resident to state his/her name.
- 15) Asks resident to state his/her date of birth.
- 16) Identifies the right resident using an appropriate method of identification (i.e; picture, wrist band or facility appropriate method of identification).**
- 17) Introduces self by name as a medication assistant.
- 18) Explains procedure to the resident.
- 19) Gives resident a glass of water.
- 20) Assists resident to take medication.
- 21) Puts on gloves.
- 22) Removes lid.
- 23) Does not contaminate lid during removal or while off container.
- 24) Gently lifts resident's head back with chin up.
- 25) Pulls down on lower eye lid of the correct eye making a pocket.
- 26) Asks resident to look up toward forehead.
- 27) Drops prescribed number of drops of medication into the pocket.**
- 28) Dropper tip does not touch eye.
- 29) Applies gentle pressure to inner corner of eye for one minute.
- 30) Uses tissue to remove any excess fluid from around eye.
- 31) Removes and discards gloves.

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- 32) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.
- 33) Returns medication bottle to the medication cart.
- 34) Locks medication cart.
- 35) Documents administration on the medication administration record (MAR) on the correct day.**
- 36) Closes or covers MAR.
- 37) Maintains respectful, courteous interpersonal communications during drug administrations.
- 38) Leaves call light or signaling device within easy reach of the resident.
- 39) Performs hand hygiene with hand sanitizer.
  - a. Covers all surfaces of hands with hand sanitizer.
  - b. Hands rubbed together until hands are completely dry.

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### Knowledge Test Vocabulary List

abbreviation absorption absorption of drugs through the skin abuse acetaminophen/hydrocodone acidifier administering medication administration administration considerations administration directions administration error adverse effects adverse reaction Advil affects of medication Albuterol alendronate sodium (Fosamax) allergic reactions amber-colored containers aminoglycoside analgesic anaphylactic reactions anaphylaxis anemia angina pectoris antacids antiarrhythmic antiarthritics antibiotic anticholinergic anticoagulants anticonvulsants antiemetic antihistamines antihypertensive	antiinfective antilipemics anti-microbial's antineoplastics antiparkinson antipruritic antipsychotic antitussive apical aspiration aspirin astringents Ativan atorvastatin calcium (Lipitor) authorized duties bacterial infections black box warnings Board of Nursing body systems bradycardia bulk-forming laxative calcium calculations carbamazepine (Tegretol) carbidopa/levodopa (Sinemet) carisoprodol central nervous system certification criteria cholesterol cirrhosis classification clonidine (Catapres) Colace confidentiality congestive heart failure	constipation contraindicated controlled substance coronary artery disease correct administration corticosteroid therapy corticosteroids cough medications crushing medications current information decongestant delegation Depakote depression diabetes diazepam (Valium) dietary supplements digitalis digoxin (Lanoxin) digoxin administration discontinued medication disposal diuretic documentation docusate sodium (Colace) dosage drug abuse drug build-up drug dependence Drug Enforcement Agency drug interactions drug metabolism drug orders drug reference drugs
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dyspnea  
 dysrhythmia  
 ear drops  
 edema  
 emphysema  
 enalapril maleate (Vasotec)  
 enteric coatings  
 error reporting  
 estrogen  
 excretion  
 expected adverse affects  
 extrapyramidal symptoms (EPS)  
 eye medications  
 facility policy  
 fat soluble  
 fluoxetine hydrochloride (Prozac)  
 Food and Drug Administration requirement  
 Fosamax  
 furosemide (Lasix)  
 ginkgo biloba  
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## Notes:
