**D&S Diversified Technologies LLP**

**Headmaster LLP**

# Ohio Medication Aide-Certified (MA-C)
# Candidate Handbook

*EFFECTIVE: November 1, 2021*

Version 7

# Contact Information

| Questions regarding test applications, test scheduling and eligibility to test: | | **(877) 851-2355** |
|---|---|---|
| Questions about Medication Aide-Certified (MA-C) training or certification status: | | **(615) 741-1943** |
| **D&S Diversified Technologies, LLP**<br>*333 Oakland Avenue*<br>*Findlay, OH 45840*<br><br>*Email:* hdmastereast@hdmaster.com<br>*Web Site:* www.hdmaster.com | *Monday through Friday*<br>*8:00AM – 6:00PM (EST)* | Phone #:   (877) 851-2355<br><br>Fax #:   (406) 442-3357<br><span style="font-size:smaller">(applications, scheduling and payment forms)</span><br><br>Fax #:   (419) 422-8328<br><span style="font-size:smaller">(test review, reschedule, refund, no show, ADA and other documentation)</span> |
| **Ohio State Board of Nursing**<br>*17 South High Street, Suite 660*<br>*Columbus, OH 43215-7410*<br><br>*Web Site:*<br>https://nursing.ohio.gov/licensing-certification-ce/medication-aides/ | *Monday through Friday*<br>*8:00AM – 5:00PM (EST)* | Phone #:   (614) 466-6966<br><br>Fax #:   (614) 466-0388 |

# Table of Contents

# Introduction

The purpose of a medication aide competency evaluation program is to ensure that candidates who are seeking to be medication aides understand the state standards and can competently and safely perform the job of an entry-level medication aide.

This handbook describes the process of taking the medication aide competency test and is designed to help prepare candidates for testing. There are two parts to the medication aide competency test—a multiple-choice knowledge test and a skill test. Candidates must pass both parts of the test and meet all requirements of the Ohio Board of Nursing to be certified as a Medication Aide-Certified (MA-C) in Ohio.

The Ohio Board of Nursing has approved D&S Diversified Technologies (D&SDT)-Headmaster, LLP, to provide testing and scoring services for medication aide testing. For questions not answered in this handbook, please contact D&SDT-Headmaster at (877)851-2355 or go to www.hdmaster.com. The information in this handbook will help you prepare for your examination

# Americans with Disabilities Act (ADA)

### ADA Compliance

If you have a qualified disability, you may request special accommodations for examination. Accommodations must be received and approved by D&SDT-Headmaster in advance of examination. The request for ADA Accommodation Form 1404OM is available on the Ohio Medication Aide page of the D&SDT-Headmaster website under the Candidate Forms column at www.hdmaster.com. 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. Processing and approving ADA accommodations take some time, so please submit your ADA accommodation request and supporting documentation well in advance of your training completion so that approved accommodations can be in place for your test event.

# Active Duty and Veteran GI Bill Benefits

D&SDT-Headmaster has been approved by the Department of Veterans Affairs (VA) as an approved testing vendor for the Ohio MA-C exam. If you are an active duty or retired service member you may be eligible for reimbursement of exam fees if funds are available through your GI Bill. To request VA reimbursement of exam fees you must provide your receipt of paying your Ohio MA-C exam fees along with a completed VA Application for Reimbursement of Licensing or Certification Test Fees Form 22-0803 to the VA for reimbursement. Additional information regarding the GI Bill can be found on the VA website.

### Priority of Service on Test Day

If you are active or retired military, veteran or spouse of a veteran, you are eligible to receive priority of service on testing day. To qualify, you must provide the following additional proof of service documentation to the RN Test Observer at check-in on test day:

- Department of Defense Identification Card (active, retired or TDRL).
- DD214 Military Discharge Certificate indicating disposition of discharge.

- Report of Separation from the national archives at the National Personnel Records Center (NPRC) in St. Louis, Missouri.
- Veterans Identification Card from the Department of Veterans Affairs.

# The Ohio Medication Aide Competency Exam

## *Payment Information*

| Exam Description | Price |
|---|---|
| Knowledge Test or Retake | $30 |
| Skill Test or Retake | $80 |

## *Schedule an Exam Date*

In order to schedule an examination date, you may either be a current, certified state tested nursing assistant (STNA) and have successfully completed an Ohio Board of Nursing approved medication aide (MA-C) training program within the last sixty (60) days or be a Residential Care Aide with one year experience and have successfully completed have an Ohio Board of Nursing approved MA-C training program within the last sixty (60) days.

### *Medication Aide Training Program Candidates*

Your training program will enter your demographic and training information with completion date into the WebETest© database. Your instructor or training program will verify the name entered into WebETest© against the identification you will present when you sign in at a test event. Your photo ID must be a US government issued, signed, non-expired, photo bearing form of identification. If you discover your ID name doesn't match your name as listed in WebETest©, please call D&SDT-Headmaster at (877)851-2355 during regular business hours, Monday through Friday, 8:00AM to 6:00PM, Eastern Standard time (EST), excluding holidays. Once your instructor or training program enters the date you successfully complete training into WebETest©, you may schedule your exam date online. Please see instructions under "Schedule/Reschedule into a Test Date".

### *Residential Care Aide with Medication Aide Training Candidates*

A letter from the residential care facility on company letterhead must be submitted documenting that you have worked in a residential care facility for a minimum of 1600 hours. Your training program will enter your demographic and training information with completion date into the WebETest© database. Your instructor or training program will verify the name entered into WebETest© against the identification you will present when you sign in at a test event. Your photo ID must be a US government issued, signed, non-expired, photo bearing form of identification. If you discover your ID name doesn't match your name as listed in WebETest©, please call D&SDT-Headmaster at (877)851-2355 during regular business hours, Monday through Friday, 8:00AM to 6:00PM EST, excluding holidays. Once your instructor or training program enters the date you successfully complete training into WebETest©, you may schedule your exam date online. Please see instructions under "Schedule/Reschedule into a Test Date".

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 any time up to the

business day preceding 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 www.hdmaster.com, choose Ohio MA-C, any time up to the business day preceding a scheduled test date. If you are unable to schedule/reschedule on-line, please call D&SDT-Headmaster during regular business hours, Monday through Friday, 8:00AM to 6:00PM EST, at (877)851-2355 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 to D&SDT-Headmaster the fillable Payment and Scheduling Form 1402OM. Remember to double check your name, address, email, phone number, and social security number before signing the form. If it is not signed, it will not be processed. A listing of Regional (fixed) test dates is available on our web site at www.hdmaster.com, or call our office to have a list faxed or mailed to you.

Complete the Payment and Scheduling Form 1402OM by including first and second date choices for your testing along with your MasterCard or Visa payment. You will need to mail your form if paying with a money order, cashier's check or facility check, **made payable to D&SDT**, (no personal checks or cash are accepted) to D&SDT-Headmaster, P.O. Box 6609, Helena, MT 59604. All D&SDT-Headmaster forms can be found on the Ohio MA-C page of our website at www.hdmaster.com.

Payment and Scheduling Forms must be received ten (10) business days before the requested test date. If you do not hear from D&SDT-Headmaster within 5 business days of submitting or mailing a Payment and Scheduling Form, please call D&SDT-Headmaster at (877)851-2355 to check on the status.

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

If you fax your D&SDT forms, a credit card payment is required and an $5 Priority Fax Service Fee applies. If we are able to schedule you to test in less than 10 business days of your requested test date a $15 Express Service Fee and 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 www.hdmaster.com and choose Ohio MA-C.

**D&SDT-HEADMASTER does not send postal mail test confirmation letters to candidates. You will be notified via email of your confirmed test date.**

## 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 sixty (60) days** of your training program completion. If you fail a component, **you will have six (6) months from your testing date to complete your second attempt**.

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 Ohio MA-C page of our website, [www.hdmaster.com](www.hdmaster.com), click on "WebETest© Start Page" under "WebETest© On-Line Testing" in the second 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 D&SDT-Headmaster at (877)851-2355, Monday through Friday 8:00 AM to 6:00 PM Eastern Standard time.

## 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)*

- Clinical shoes
    - *Opened toed shoes are not allowed (e.g.; flip-flops, sandals)*

- Clinical scrubs and shoes can be any color/design

- You may bring a standard watch with a second hand. No smart watches or activity trackers are allowed.

- Long hair must be pulled back.

***Please note:*** You will not be admitted for testing if you are not wearing full clinical attire and the appropriate clinical 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 <span style="color:red">**US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION**</span>. Examples of the forms of US government issued, signed, non-expired photo ID's that are acceptable are:

- Driver's License
- State Issued Identification Card
- US Passport (Foreign Passports and Passport Cards *are not* acceptable)
    - *Exception: A Foreign Passport that contains a US VISA is acceptable.*
- Military Identification *(must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued)*
- Alien Registration Card *(must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued)*

- Tribal Identification Card *(must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued)*
- Work Authorization Card *(must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued)*

**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 Ohio medication aide WebETest© database by your training program/instructor. You may call D&SDT-Headmaster at (877)851-2355 to confirm that your name of record matches your US government issued ID, or log in to the Ohio MA-C webpage at [www.hdmaster.com](http://www.hdmaster.com) using your Test ID# and PIN# to check on or change your demographic information.

***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.

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

## 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. 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 four (4) 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, non-expired, signed 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 full clinical scrubs and the appropriate clinical 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 1402OM (Scheduling and Payment Form) to schedule another exam date.
- Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth connected 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 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 and turned off.
- Anyone caught using any type of electronic recording device during testing will be removed, forfeit all testing fees and reported to your training program and the Ohio Board of Nursing (OBON). You will not be allowed to retest without clearance from the OBON.
- You may, however, use personal devices during your free time in the waiting area.
- You may bring a jacket, snack, drink or study material to have while waiting to test.
- You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke (vape) during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun *for any reason*. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your exam will be scored as a failed attempt and you will be reported to your training program and the Ohio Board of Nursing. You will not be allowed to retest without clearance from the OBON.
- No visitors, guests, instructors, pets (including companion animals) or children are allowed or will be provided for during testing.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- ***Please refer to this Ohio Medication Aide Candidate Handbook before your test day for any updates to testing and/or policies.***

## 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 attempt. 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 the OBON. You will not be allowed to retest without clearance from the OBON.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to your training program and the OBON and is subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt 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 OBON 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., or browsing to other sites during your test), your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to your training program and the Ohio Board of Nursing (OBON) and you may need to obtain permission from the OBON in order to be eligible to test again.

## Reschedules

All candidates may reschedule for free online at the Ohio MA-C webpage at www.hdmaster.com any time up until one (1) business day before a scheduled test day, excluding Saturdays, Sundays and Holidays.  All candidates are entitled to _one_ free D&SDT-Headmaster staff assisted reschedule during the two-attempt testing cycle up until **one (1) business day** prior to 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 D&SDT-Headmaster staff assisted reschedule.

- Example:  If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business (D&SDT-Headmaster is open until 6:00PM Eastern Standard time, Monday-Friday excluding holidays) the Thursday before your scheduled exam.

| Scheduled test date is on a: | Reschedule the previous: |
|---|---|
| Monday | The previous Thursday *(by 8:00PM Eastern time)* |
| Tuesday | The previous Friday *(by 8:00PM Eastern time)* |
| Wednesday | The previous Monday *(by 8:00PM Eastern time)* |
| Thursday | The previous Tuesday *(by 8:00PM Eastern time)* |
| Friday | The previous Wednesday *(by 8:00PM Eastern time)* |
| Saturday | The previous Thursday *(by 8:00PM Eastern time)* |
| Sunday | The previous Thursday *(by 8:00PM Eastern time)* |

*Please note:  Reschedules will not be granted less than one (1) business day (excluding Saturdays, Sundays and Holidays) 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 Ohio Medication Aide certification exam 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 Form on the D&SDT-Headmaster main webpage at www.hdmaster.com by close of business (D&SDT-Headmaster is open until 8:00PM Eastern Standard time Monday-Friday excluding holidays) the Thursday before your scheduled exam.

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 testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT-Headmaster will not be issued.

### *Not Scheduled in a Test Event*

1) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT-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 fee.

## *Inclement Weather and Unforeseen Circumstances Policies*

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

In the event of inclement weather, you will be expected to attend your schedule exam date unless:
- The county you reside in or the county of the testing site is placed on a weather 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.* See more information under "No Show Exceptions".

## *No Shows*

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster one (1) business day preceding your scheduled testing event, **excluding** Saturdays, Sundays 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 refund request is not received before the one (1) full business day prior to a scheduled test event, excluding Saturdays, Sundays and Holidays (see examples under Reschedules and Refund of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

### *No Show Exceptions*

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

- **Car breakdown or accident**: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a tow bill, police report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.

- **Weather or road condition related issue:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a road report, weather report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.

- **Medical emergency or illness**: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date**.** If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.

- **Death in the family**: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family includes parents, grand and great-grand parents, siblings, children, spouse or significant other.)

## *Test Results*

After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results are available to you the day tests are scored. You will be able to access your test results online after 6:00PM Eastern Standard time at 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 D&SDT-Headmaster's Ohio MA-C website any time after your test has been officially scored. *Your device must have an RTF reader to open emailed test results.*

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

To check your test results on-line, go to www.hdmaster.com, click on Ohio MA-C and click on On-Line Test Results.



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



## Test Attempts

You have **two (2) attempts** to pass the knowledge and skill test portions of the exam. You will be scheduled to take your knowledge and skill tests on the same day. You must schedule a test within sixty (60) days of your training program completion. In the event that you fail a component of the exam, you will have six (6) months from your testing date to complete your second attempt. If you fail either component of your exam two times, or you do not complete your two-attempt testing cycle withing the time frame required, you must complete a new OBON approved MA-C training program in order to become eligible to further attempt Ohio Medication Aide certification examinations.

- An attempt means checking in for the competency evaluation and receiving the knowledge test booklet 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 or the skill test instructions, the attempt will be scored as a failure.

### Ohio Medication Aide-Certified (MA-C) Certification

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

The Ohio Board of Nursing regulates the certification of medication aides in Ohio.

You may contact the Ohio Board of Nursing to inquire about the certification process, your certification status as a medication aide or any questions you may have regarding lapsed certification. The Ohio Board of Nursing phone number is (614) 466-6966, and their website is https://nursing.ohio.gov/licensing-certification-ce/medication-aides/.

### Retaking the Medication Aide 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 with a VISA or MASTERCARD (click on Ohio MA-C, 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 D&SDT-Headmaster at (877)851-2355 if assistance is needed or to get your ID# and Pin#.

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

- Fill out Exam types and Fee payment on a new Scheduling and Payment Form 1402OM and choose test dates from the calendar and write them on the Scheduling and Payment Form 1402OM under Option 1 (Regional Test Site Schedule).
- You will need to submit your Scheduling and Payment Form 1402OM to D&SDT-Headmaster either by email to hdmaster@hdmaster.com (scan or image and attach); fax to (406)442-3357, a $5.00 extra fax fee applies, or, if paying with a Money Order, Cashier's Check of Facility Check, **(made payable to D&SDT)** send via regular mail to P.O. Box 6609, Helena, MT 59604.

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (877)851-2355 during regular business hours Monday through Friday 8:00AM to 6:00PM, EST, 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 Ohio MA-C 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 or requests missing review fees will be returned and will not be considered.

*Note:* Please call D&SDT-Headmaster at (877)851-2355 during regular business hours 8:00AM to 6:00PM EST, Monday through Friday, excluding Holidays, and discuss the test outcome you are questioning before committing to sending the $25 test review request deposit. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request. If, after investigation, the finding of the review is in your favor, you will not be charged the $25 test review deposit.

Since one qualification for certification as a medication aide in Ohio is demonstration by examination of minimum medication aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&SDT-Headmaster will pay for your re-test fee and refund your review 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 for any additional recollection of your test(s). After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test disputes with the candidate or the candidate's training program. 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 of record and to the Ohio 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 50 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?")

Electronic testing called WebEtest© using Internet connected computers is utilized at all sites in Ohio. 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.

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

Electronic testing called WebEtest© using Internet connected computers is utilized at several sites in Tennessee.  For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key

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 their training program and the Ohio Board of Nursing.

## Knowledge Test Content

The Knowledge Test consists of 50 multiple-choice questions. Questions are selected from subject areas based on the OBON approved Ohio Medication Aide (MA-C) test plan. The subject areas and number of items from each area are as follows:

| Subject Area | # Of Questions |
|---|---|
| Allowable Routes | 2 |
| Documentation | 2 |
| Error Reporting | 2 |
| Medication Administration | 10 |
| Medication Effects | 10 |
| Regulation of Controlled Substances | 4 |
| Role and Responsibility | 8 |
| Six Rights of Medication Administration | 6 |
| State Regulations | 2 |
| Terminology | 4 |

## Sample Questions

Candidates may also purchase complete medication aide practice tests that are randomly generated. A mastery learning method is used and each practice test taken will be unique.  This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available at www.hdmaster.com.

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

> 1. The medication aide cannot have access to:
>     a. drug reference materials and dictionaries
>     b. keys to a medication cart where schedule II controlled substances are stored
>     c. the resident's record
>     d. a copy of her/his medication skills checklist
>
> 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 aide
>     a. a regularly scheduled oral hypertensive agent
>     b. an antibiotic cream applied to the skin
>     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-C

# The Manual Skill Test

The purpose of the Skill Test is to evaluate your performance when demonstrating Tennessee approved medication aide 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 open and use the MAR to determine what medications to obtain from the locked medication box or locked controlled substance file box.
    - 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 two medication administration tasks. 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.

## Skill Tasks Listing

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

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

> **Please note**: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Ohio 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.

## Task 1: Ear Drops / Tablet Administration

1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) Unlocks medication cart.
4) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
5) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining correct medication from the medication cart.**
6) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
7) Opens container or pops medication from bubble pack.
8) Does not contaminate the lid, if applicable.
9) Puts correct number of tablets into the medication cup.
10) Does not touch the medication.
11) Replaces lid, if applicable.
12) Replaces all unused medication back in the medication cart.
13) Locks medication cart and closes the MAR.
14) Greets the resident and introduces self as a Medication Aide.
15) **Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
16) Explains the procedure.
17) Verbalizes privacy as privacy is provided.
18) Gives resident a glass of water and assists the resident to take the medication from the medication cup.

19) Lowers the head of the bed.
20) Shakes medication before use.
21) Head is turned toward the correct side with the correct ear upward.
22) Holds external ear flap and pulls up and back.
23) **Instills the correct number of drops of medication into the correct ear.**
24) Ensures that the dropper tip does not touch inside of ear canal.
25) Instructs resident to not move her/his head for a few minutes.
26) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
27) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
28) Returns medication to the medication cart and locks the medication cart.
29) **Documents administration on the MAR for the correct day.**
30) Closes MAR.
31) Maintains interpersonal communications with resident during administration.
32) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
33) Uses hand sanitizer to clean hands.

## Task 2: Eye Drops / Tablet Administration

1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) Unlocks medication cart.
4) Obtains the correct medications from the medication cart.
5) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
6) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
7) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
8) **Medications selected are for the correct time.**
9) **Medications selected are for the correct routes.**
10) Opens container.
11) Does not contaminate the lid.
12) Puts correct number of tablets into the medication cup without touching the medication.
13) Locks medication cart and closes the MAR.
14) Greets the resident and introduces self as a Medication Aide.
15) **Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
16) Explains the procedure.
17) Verbalizes privacy as privacy is provided.
18) Gives resident a glass of water and assists the resident to take the medication from the medication cup.
19) Gently tilts resident's head back with chin up.
20) Pulls down on lower eyelid of the correct eye, making a pocket.
21) Asks resident to look up toward forehead.
22) **Instills correct number of drops of medication into the pocket.**
23) **Ensures the dropper tip does not touch eye.**
24) Uses tissue to remove any excess fluid from around the eye.
25) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
26) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
27) Returns medication to the medication cart and locks the medication cart.
28) **Documents administration on the MAR for the correct day.**
29) Closes MAR.
30) Maintains interpersonal communications with resident during administration.
31) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
32) Uses hand sanitizer to clean hands.

## Task 3:  Nasal Spray / Tablet Administration

1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) Unlocks medication cart.
4) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
5) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
6) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
7) Opens container, or pops medication from bubble pack.
8) Does not contaminate the lid, if applicable.
9) **Pours the correct number of tablets into the medication cup without touching the medication.**
10) Replaces lid, if applicable.
11) Replaces all unused medication back in the medication cart.
12) Locks medication cart and closes the MAR.
13) Greets the resident and introduces self as a Medication Aide.
14) **Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
15) Explains the procedure.
16) Verbalizes privacy as privacy is provided.
17) Gives resident a glass of water and assists the resident to take the medication from the medication cup.
18) Has resident blow her/his nose.
19) Tilts resident's head back.
20) Instructs resident to hold head back.
21) Administers correct number of sprays of medication in the correct nostril only.
22) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
23) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
24) Returns medication to the medication cart and locks the medication cart.
25) **Documents administration on the MAR for the correct day.**
26) Closes MAR.
27) Maintains interpersonal communications during administration.
28) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
29) Uses hand sanitizer to clean hands.

## Task 4:  Oral Capsule Administration

1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) Unlocks medication cart.
4) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
5) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
6) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
7) Opens first container, or pops medication from bubble pack.
8) Does not contaminate the lid, if applicable.
9) Puts correct number of capsules into the medication cup.
10) Does not touch the medication.
11) Opens the second container, or pops medication from bubble pack.
12) Does not contaminate lid, if applicable.
13) Puts correct number of capsules into the medication cup.
14) Does not touch the medication.
15) Replaces lid(s) on medication bottles, if applicable.
16) Returns unused medication to the medication cart.
17) Locks medication cart and closes the MAR.

18) Greets the resident and introduces self as a Medication Aide.
19) **Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
20) Explains the procedure.
21) Verbalizes privacy as privacy is provided.
22) Gives resident a glass of water and assists the resident to take the medication one capsule at a time.
23) Stays with resident until the medication has been swallowed.
24) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
25) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
26) **Documents administration on the MAR on the correct day.**
27) Closes MAR.
28) Maintains interpersonal communications during administration.
29) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
30) Uses hand sanitizer to clean hands.

## Task 5: Oral Liquid / Ear Drops Administration

1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) Unlocks medication cart.
4) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
5) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
6) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
7) Opens container.
8) Does not contaminate the lid.
9) Sets medication cup on a level surface.
10) **Pours the correct amount of medication into the medication cup.**
11) Checks for the correct amount of medication at eye level.
12) Replaces lid.
13) Returns unused medication to the medication cart.
14) Locks medication cart and closes the MAR.
15) Greets the resident and introduces self as a Medication Aide.
16) **Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
17) Explains the procedure.
18) Verbalizes privacy as privacy is provided.
19) Assists resident to take the liquid medication.
20) Lowers the head of the bed.
21) Assists resident to turn head to correct side with correct ear upward.
22) Holds external ear flap and pulls up and back.
23) **Instills the correct number of drops of medication into the ear.**
24) Ensures that the dropper tip does not touch the inside of the ear canal.
25) Instructs the resident to not move her/his head for a few minutes.
26) Returns the medication to the medication cart.
27) Locks the medication cart.
28) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
29) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
30) **Documents administration on the MAR on the correct day.**
31) Closes MAR.
32) Maintains interpersonal communications with the resident during administration.
33) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
34) Uses hand sanitizer to clean hands.

## Task 6:  Oral Liquid / Topical Ointment Administration

1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) Unlocks medication cart.
4) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
5) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
6) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
7) Opens liquid medication container.
8) Does not contaminate lid.
9) Sets medication cup on a level surface.
10) **Pours the correct amount of medication into the medication cup.**
11) Replaces lid.
12) Checks for correct amount of medication in the medication cup at eye level.
13) Returns unused medication to the medication cart.
14) Locks medication cart and closes the MAR.
15) Greets the resident and introduces self as a Medication Aide.
16) **Verbalizes the right resident while using an appropriate method of identification, i.e.; picture, wrist band or facility appropriate method of identification.**
17) Explains the procedure.
18) Verbalizes privacy as privacy is provided.
19) Assists resident to take the medication from the medication cup.
20) Inspects the resident's correct forearm skin area where the medication is to be applied.
21) Puts on at least one glove.
22) Opens container.
23) Does not contaminate lid.
24) Applies ointment with gloved hand to resident's correct forearm.
25) Spreads the ointment to cover the entire area that is to be treated.
26) Replaces ointment lid.
27) Removes glove(s) turning inside out.
28) Discards glove(s) in the appropriate container.
29) Uses hand sanitizer to clean hands.
30) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
31) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
32) Returns ointment back to the medication cart.
33) Locks the medication cart.
34) **Documents administration on the MAR on the correct day.**
35) Closes MAR.
36) Maintains interpersonal communications with the resident during administration.
37) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
38) Uses hand sanitizer to clean hands.

## Task 7:  Oral Tablet / Eye Drop Administration

1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) Unlocks medication cart.
4) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
5) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
6) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
7) Greets resident and identifies self as a Medication Aide.

8) **Verbalizes the right resident while using an appropriate method of identification, i.e.; picture, wrist band or facility appropriate method of identification.**
9) Explains the procedure.
10) Verbalizes privacy as privacy is provided.
11) Listens to the apical heart rate for 60 seconds with a teaching stethoscope.
12) Records apical heart rate on the MAR.
13) **Recorded heart rate is withing 5 beats of the RN Test Observer's recorded heart rate.**
14) **Verbalizes whether or not to proceed with the medication administration based upon the heart rate obtained.**
15) If proceeds, obtains the correct medication(s) from the medication cart.
16) If proceeds with administration, opens the container or pops from the bubble pack.
17) If proceeds, does not contaminate lid, if applicable.
18) If proceeds with administration, puts correct number of tablet(s) in the medication cup.
19) If proceeds with administration, does not touch the medication.
20) Locks medication cart and closes the MAR.
21) If proceeds with administration, gives resident a glass of water.
22) If proceeds with administration, assists the resident to take the medication from the medication cup.
23) Gently tilts resident's head back with chin up.
24) Pulls down on lower eyelid of the correct eye, making a pocket.
25) Asks the resident to look up toward forehead.
26) **Instills the correct number of drops of medication into the pocket.**
27) Ensures that the dropper tip does not touch eye.
28) Uses tissue to remove any excess fluid from around the eye.
29) Returns eye dropper bottle to the medication cart.
30) Locks the medication cart.
31) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
32) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
33) **Documents administration on the MAR on the correct day.**
34) Closes MAR.
35) Maintains interpersonal communications during administration.
36) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
37) Uses hand sanitizer to clean hands.

## Task 8: Topical Ointment / Oral Capsule Medication Administration
1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) Unlocks the medication cart.
4) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
5) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
6) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
7) Opens container or pops medication from the bubble pack.
8) Does not contaminate lid, if applicable.
9) Puts correct number of capsules in medication cup.
10) Does not touch the medication.
11) Returns unused medication to the medication cart.
12) Locks the medication cart and closes the MAR.
13) Greets the resident and introduces self as a Medication Aide.
14) **Verbalizes the right resident while using an appropriate method of identification, i.e.; picture, wrist band or facility appropriate method of identification.**
15) Explains the procedure.
16) Verbalizes privacy as privacy is provided.
17) Gives resident a glass of water and assists resident to take the medication from the medication cup.
18) Inspects the resident's correct forearm skin area where the medication is to be applied.
19) Puts on at least one glove.

20) Opens container.
21) Does not contaminate lid.
22) Applies ointment with gloved hand to resident's correct forearm.
23) Spreads the ointment to cover the entire area that is to be treated.
24) Replaces lid.
25) Removes glove(s) turning inside out.
26) Discards glove(s) in an appropriate container.
27) Uses hand sanitizer to clean hands.
28) Returns ointment tube to the medication cart.
29) Locks the medication cart.
30) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
31) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
32) **Documents administration on the MAR on the correct day.**
33) Closes MAR.
34) Maintains interpersonal communications during administration.
35) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
36) Uses hand sanitizer to clean hands.

## Task 9: Topical Spray Medication / Unit Dose Administration

1) Uses hand sanitizer to clean hands.
2) Opens MAR.
3) **Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
4) **Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
5) **Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
6) Greets resident and introduces self as a Medication Aide.
7) **Verbalizes the right resident while using an appropriate method of identification, i.e.; picture, wrist band or facility appropriate method of identification.**
8) Explains the procedure.
9) Verbalizes privacy as privacy is provided.
10) Listens to the apical heart rate for 60 seconds with a teaching stethoscope.
11) Records apical heart rate on the MAR.
12) **Recorded heart rate is withing 5 beats of the RN Test Observer's recorded heart rate.**
13) **Verbalizes whether or not to proceed with the medication administration based upon the heart rate obtained.**
14) **Administers the medication, if heart rate at an appropriate level.**
15) Unlocks the medication cart.
16) If proceeds with administration, opens the container or pops from the bubble pack.
17) If proceeds with administration, does not contaminate lid, if applicable.
18) If proceeds with administration, puts correct amount of medication in the medication cup.
19) If proceeds with administration, does not touch the medication.
20) If proceeds with administration, replaces lid, if applicable.
21) Returns unused medication(s) to the medication cart.
22) Locks medication cart and closes the MAR.
23) If proceeds with administration, gives resident a glass of water.
24) If proceeds with administration, assists the resident to take the medication from the medication cup.
25) Puts on at least one glove.
26) Inspects resident's right forearm skin area where medication is to be applied.
27) Instructs resident to turn face away while spraying.
28) Spray the correct amount of medication on the resident's right forearm.
29) Removes glove(s) turning inside out.
30) Discards glove(s) in an appropriate container.
31) Uses hand sanitizer to clean hands.
32) Returns spray bottle to the medication cart.
33) Locks medication cart.

34) **Medication(s) selected support the five rights (drug, time, dose, resident and route).**
35) **Medication(s) administered support the five rights (drug, time, dose, resident and route).**
36) **Documents administration on the MAR on the correct day.**
37) Closes MAR.
38) Maintains interpersonal communications with resident during administration.
39) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
40) Uses hand sanitizer to clean hands.

# Knowledge Test Vocabulary List

| | | |
|---|---|---|
| absorption | anti-emetic administration | bulk-forming laxative |
| abuse | antihistamines | burn prevention |
| ac | antihypertensives | Calamine/diphenhydramine |
| Acarbose (Precose) | anti-infective | calcium |
| acetaminophen/hydrocodone | antilipemics | calcium carbonate |
| acidifiers | antineoplastics | carbidopa/levodopa (Sinemet) |
| administering medication | antiparkinsonian agents | cardiovascular |
| administration procedures | antipruritic | carisoprodol |
| administration protocols | antipsychotic | catapres (clonidine) |
| adrenal insufficiency | antitussives | cecum |
| adverse effects | aorta | central nervous system |
| Advil | apical | certificate renewal |
| aging | anti-fungal cream | certification process |
| airborne precautions | aspiration | chain of command |
| Albuterol | aspirin | chemical |
| allergic reactions | asthma | cholesterol |
| Alzheimer's disease | astringents | cimetidine (Tagamet) |
| amber-colored containers | Ativan | cirrhosis |
| aminoglycosides | authorized medication administration | Clonidine |
| analgesics | bacterial infections | codeine |
| anemia | benzodiazepine | Colace |
| angina pectoris | benztropine (Cogentin) | communication |
| antacids | benztropine mesylate (Cogentin) | confidentiality |
| antianginals | bid | congestive heart failure |
| antiarrhythmics | bipolar disorder | conjugated estrogens (Premarin) |
| antiarthritics | blood pressure | constipation |
| antibiotic | Board of Nursing | contact dermatitis |
| antibodies | body mechanics | Controlled Substance Act |
| anticholinergic | bradycardia | controlled substance administration |
| anticoagulants | brain | controlled substances |
| anticonvulsants | bronchiole | |
| antiemetic | | |

| | | |
|---|---|---|
| coronary artery disease | Dulcolax | heart rate |
| corticosteriod therapy | dyspnea | herbal medications |
| corticosteroids | ear drops | histamine |
| coumadin | edema | hormones |
| crushing medications | emphysema | hs |
| culture and sensitivity test | enteric coatings | hydrochlorothiazide (Hydrodiuril) |
| Cushing's syndrome | epiglottis | |
| cystitis | estradiol (Estrace) | Hydrocodone |
| decongestant | estrogen | hydrocortisone |
| delegation | excretion | hypercalcemia |
| dementia | expectorants | hyperglycemia |
| Demerol | expiration date | hyperkalemia |
| Depakote | extrapyramidal symptoms (EPS) | hypernatremia |
| depression | | hypertension |
| detoxifier | eye drop administration | hypoglycemia |
| diabetes mellitus | eye drop drainage | hypothyroidism |
| digitalis | eye medications | ibuprofen |
| digoxin | facility policy | incontinence |
| Digoxin administration | fat soluble | infections |
| Dilantin | FDA requirement | inflammation |
| disciplinary action | fludrocortisone (Florinef) | inhalants |
| discoloration | folic acid deficiency | integumentary system |
| discontinued medication | found pills | intended effect |
| diuretics | garlic | iodine |
| diverticulitis | gastrointestinal/alimentary system | Ipecac syrup |
| documentation | | iron |
| dosage | ginger | iron sulfate |
| drug abuse | gingko biloba | keratolytic agent |
| drug build-up | glaucoma | kidneys |
| drug classification | glipizide (Glucotrol XL) | Lanoxin |
| drug dependence | Glucotrol | Lasix |
| Drug Enforcement Agency | gout | laxatives |
| drug interactions | gtt | levaquin |
| drug metabolism | haloperidol | levothyroxine sodium (Synthroid) |
| drug orders | hand washing | |
| drug references | hawthorn | |
| drug standards | | |

| | | |
|---|---|---|
| Librium | myocardial infarction | pc |
| Lipitor | naproxen (Naprosyn) | pediculicide |
| lisinopril | narcotics | penicillin |
| lithium | narrow-spectrum antibiotic | penicillinase |
| lithium carbonate | nasal medication | Percocet |
| Lomotil | neomycin sulfate | Percodan |
| lotion | Nitrofurantoin (Furadantine) | peripheral vascular disease |
| malabsorption | nitroglycerin | peristalsis |
| MAR | nose drops | pernicious anemia |
| medication administration documentation | NSAIDs | pharmacy label |
| medication administration record | Nursing Drug Reference manual | pharynx |
| medication aide's role | OD | phenergan (diphenhydramine) |
| medication calculation | omeprazole (Prilosec) | phenytoin sodium (Dilantin) |
| medication error | ophthalmic medications | physiological actions |
| medication inventory | optic | pituitary |
| medication label | oral antibiotic | placebo |
| medication names | oral hypoglycemics | platelets |
| medication order | oral medication administration | pleurisy |
| medication package | oral medications | pneumonia |
| meningitis | oral preparations | PO |
| menopause | orthopnea | potassium |
| Metamucil | osteoarthritis | prednisone |
| Metformin (glucophage) | osteoporosis | prescription label |
| methenamine (Mandelamine) | OTC | priority of duties |
| Milk of Magnesia | otic | PRN order |
| mineralocorticoid | otic medications | Prolixin (fluphenazine) |
| missed dose | OxyContin | prothrombin |
| missing pills | pancreatin (Entozyme) | Proventil |
| monamine oxidase inhibitor | pancrelipase (Pancrease) | Prozac |
| morphine | Parkinson's disease | psoriasis |
| MS Contin | pathogens | psychotropic |
| muscle relaxants | Paxil | pyelonephritis |
| | | pyorrhea |

| | | |
|---|---|---|
| q2h | sensory system | topical medications |
| qam | seratonin reuptake inhibitors | topical sprays |
| qd | | toxic |
| QD administration | sertraline (Zoloft) | trade name |
| qid | side effects | transdermal nitroglycerin patch |
| qod | six corrects of medication administration | |
| quinolones | | Triamcinolone (aristocort) |
| rebound effect | skin disorder | tuberculosis |
| recommended daily allowances (RDA) | skin patches | Tylenol |
| | skin rashes | uncomfortable resident |
| rectal suppository | soluble vitamins | unconscious resident |
| rectum | St. John's wort | unit dose packaging |
| reddened intact area | stimulants | universal/standard precautions |
| refusing medication | storing medications | |
| renal/urinary system | strict isolation | uric acid |
| reporting changes | stroke | uricosuric agents |
| reporting medication errors | sublingual | vaginal dryness |
| resident requests another pill | sulfonylureas | vaginal medication |
| | superinfection | valerian |
| resident corrects | suppository | Valium |
| respiratory system | suspension of medications | Vasotec |
| reverse isolation | swallowing medications | Venlafaxine (Effexor) |
| riboflavin | systolic | violation of professional boundaries |
| rifampin | tablet disposal | |
| correct resident | tachycardia | vitamin A |
| route of medication | Tegretol | vitamin B12 |
| scabies | tetracyclines | vitamin C |
| schedule II medication | theophylline | vitamin D |
| schedule V drug | thyroid | vomiting |
| scheduled medication lock box | ticlodipine (Ticlid) | Zantac |
| | tid | zestril |
| scheduled narcotic | TID medications | Zoloft |
| scurvy | timed oral medication procedure | |
| sedatives | | |
| seizures | tinnitis | |

## Notes:

|  |
|---|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |