



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
H. Martin Lancaster, President

February 2, 2006

MEMORANDUM

TO: Chief Academic Officers
Senior Continuing Education Administrators

FROM: Dr. Sharon J. Tanner, Associate Vice President
Instructional Development & Technology
Academic and Student Services

Ms. Barbara Boyce, Director
Economic and Workforce Development

SUBJECT: Medication Aide – Master Trainer

Attached you will find the registration information for upcoming training sessions for Master Medication Aide Trainers. This training is sponsored by the Wake AHEC Center. Below are the criteria for Master Trainers:

1. Hold a current, active, unrestricted NC Nursing License and 2 years full-time current experience with medication administration/direct patient care.
2. Academically prepared at a BSN level from an accredited School of Nursing.
3. Work experience to include one (1) year's full-time experience or equivalent in teaching adults, staff development, or as a faculty member.
4. Commit to teaching one *Train the Trainer Medication Aide Instructor Course* of 10 instructors by May 1, 2006.
5. Maintain competency to teach the *Train the Trainer Medication Aide Instructor Course* by teaching one (1) *Train the Trainer Medication Aide Instructor Course*, or 10 RNs and 1 Medication Aide course, or 10 Medication Aides every 2 years.

Upon State Board approval, the course listed below will be placed on the Continuing Education Master Course List by February 20, 2006. Once approved, colleges with Master Trainers could offer train-the-trainer courses for individuals who want to be instructors in the Medication Aide program.

PHM4900 – Medication Aide Instructor Training

This course is designed to meet the training requirement to become a Medication Aide Instructor. To participate in the course, individuals must have a current, unrestricted license to practice as a registered nurse in North Carolina and have had at least two (2) years of practice experience as a registered nurse that includes medication administration. Upon successful completion, an individual is eligible to apply for placement on the Instructor's Registry for Medication Aides.

If you have questions, send an email to either Sharon Tanner (tanners@nccommunitycolleges.edu) or Barbara Boyce (boyceb@nccommunitycolleges.edu).

ST/BB/ji
Attachment
c: Presidents
Nurse Aide Coordinators

CC06-024
Email

Master Medication Aide Trainers Information and Application
January 30, 2005

Please complete the following application to be considered for participation in the Master Medication Aide Trainer course for the medication aide training. A limited number of participants will be selected from a widespread geographical area of NC.

Successful completion of this certification course requires:

- Presence at 100% of the class component;
- Successfully teaching return demonstrations;
- Successful completion of post-test (90% level);
- Commitment to following the medication aide curriculum as presented

Trainings will be held at 3 locations. Each training will be 2 ½ days.

Day 1

Registration: 12:30 pm

Program: 1:00 – 5:00 pm

Day 2 and Day 3

Registration: 7:30 am

Program: 8:00 – 5:00 pm

1. February 20, 21, and 22, 2006 in Wilmington, NC at the Landfall Park Hampton Inn, 1989 Eastwood Rd, Tel: (910) 256-9600, Fax: (910) 256-1996 Room rate for this course will be \$84.00 per night and includes a continental breakfast. Website for the hotel is: www.landfallparkhotel.com.
2. March 1, 2, and 3, 2006 in Raleigh, NC at the Andrews Center, 3024 New Bern Ave. Raleigh, NC, Tel: 919-350-8547.
3. March 29, 30, and 31, 2006 in Charlotte, NC at Charlotte AHEC, Airport Training Center, 5039 Airport Center Parkway, Building K, Classroom 17, Tel: 704-512-6531.

Applications are **due February 8, 2006**. Mail to Attention: Kathy Clark, Wake AHEC, 3024 New Bern Ave. Suite G-03, Raleigh, NC 27610-1255 or fax to 919-350-7963.

Applications with incomplete or missing information will not be considered. The *first 10 qualified applicants/location* will be selected to participate in the training. Applicants selected for the training will be notified by email February 10th, close of business.

The registration fee for the training is \$175.00 that includes the educational materials, refreshments, and lunch. The fee for the toolbox is \$350.00. The total amount of **\$525.00** per person must be paid upon notification of an accepted application prior to the training date. Payment is to be made to Wake AHEC, 3024 New Bern Avenue, Suite G-03, Raleigh, NC 27610-1255.

Contact Information

Name: _____ Last 4 Digits SS# _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Criteria for Master Medication Aide Trainers:

1. Hold a current, active, unrestricted NC Nursing License and 2 years full-time current experience with medication administration/direct patient care.
2. Academically prepared at a BSN level from an accredited School of Nursing.
3. Work experience to include one (1) year's full-time experience or equivalent, in adult teaching such as a preceptor, in staff development or a faculty in the community college system.
4. Commit to teaching 1 Train the Trainer Medication Aide Instructor course or 10 instructors by May 1, 2006.
5. Maintain competency to teach the Train the Trainer Medication Aide Instructor course by teaching one (1) Train the Trainer Medication Aide Instructor course or 10 RNs and 1 Medication Aide course or 10 Medication Aides every 2 years.

NC Nursing License Certification Number: _____

SCHOOL ATTENDED	MAJOR	DEGREE EARNED

Describe current work experience with medication administration.

ORGANIZATION	NUMBER OF YEARS WORKED	HOURS/WEEK WORKED	ROLE

Type of work experience as an educator- check all that apply (include dates)

- Staff development _____
- Continuing education _____
- Preceptor _____
- NA Instructor _____
- Clinical Instructor _____
- Classroom Instructor _____

More information may be added on a supplemental sheet.

Number of miles (one-way) you prefer to travel to teach Train the Trainer Medication Aide Instructor Course

- 0 - 25 miles
- 26 - 50 miles
- 51 - 100 miles
- 101 - 150 miles
- 151 - 200 miles
- 201 - 250 miles
- 251- 300 miles

Days of week you prefer to teach Train the Trainer Medication Aide Instructor Course (20 - hour curriculum)

- Monday – Friday (days)
- Monday – Friday (evenings)
- Friday – Sunday
- Other Describe availability: _____

Location of course you wish to attend: (Check only 1)

February 20, 21, and 22, 2006 in Wilmington, Landfall Park Hampton Inn.

March 1, 2, and 3, 2006 in Raleigh, Andrews Center

March 29, 30, and 31, 2006 in Charlotte, Charlotte AHEC

I understand that if selected, I am obligated to teach the standard Medication Aide Curriculum as presented. The NC AHEC Program's standard honorarium for Master Medication Aide Trainer is at the hourly rate of \$50 per hour or \$1000 per course.

Signature: _____

Date: _____