

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR CERTIFICATION

MEDICATION AIDE CERTIFIED

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Bring your completed application to DOPL's offices (160 E. 300 S., main lobby, Salt Lake City) to complete electronic fingerprinting using DOPL's Identix equipment.

OR

Submit **three** applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See "Additional Important Information."

2. Submit documentation of current certification in good standing as a Certified Nursing Assistant with the Utah Nurse Aide Registry.
3. Submit documentation of a high school diploma or its equivalent.
4. Submit documentation of a minimum of 2,000 hours of experience as a certified nurse aide in a long-term care facility within the two years prior to application. Documentation may include W-2 tax forms or a letter from the administrator of a long-term care facility.

5. Submit documentation of having completed an approved Medication Aide Certified (MAC) training course. Request that the training program submit a verification of completion of a MAC training program form and mail or fax it directly to DOPL.
6. Submit two letters of recommendation from a long-term care facility administrator and one licensed nurse familiar with your work practices as a certified nurse aide.
7. Submit documentation of successful completion of the MAC Certification Examination.
8. Submit an **\$90.00** non-refundable application-processing fee, made payable to “DOPL.” This fee includes a \$50 application fee for an LPN or RN license, a \$20 surcharge for a BCI fingerprint file search, and a \$20 surcharge for a FBI fingerprint file search.

ADDITIONAL IMPORTANT INFORMATION

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a medication aide certified. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Nurse Practice Act
 - Nurse Practice Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). **Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL’s offices (160 E. 300 S., Salt Lake City), 8:00 a.m. to 5:00 p.m., Monday through Thursday, except holidays. Currently, there is no fee to roll electronic fingerprints for DOPL licensure applicants. A current government issued picture ID is required.

If you are unable to obtain electronic fingerprints at DOPL’s office, you must include three (3) blue fingerprint cards (Form FD-258) with your application. Fingerprint cards are supplied with the application if obtained from DOPL. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.**

BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:

- Check with BCI for pricing of their services
- Walk-ins only; no appointments taken
- Fingerprinting and Photo Services are available from 7:00 a.m. – 5:30 p.m., Monday - Thursday except holidays
- Government-issued picture ID required (*driver’s license, state ID, passport, etc.*)

- Website: www.bci.utah.gov
- Phone: (801) 965-4569
- Address: 3888 W. 5400 S., Taylorsville, UT 84118
(1/2 block west of Bangarter Highway, behind McDonalds)

WARNING: If information received from the Utah Bureau of Criminal Identification or the Federal Bureau of Investigation indicates that you have failed to accurately disclose your criminal history to the Division of Occupational and Professional Licensing, any nurse license issued to you will be immediately and automatically revoked.

REVIEW OF YOUR FBI RECORD: If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the respective agency.

4. **Proposed MAC Standards and Protocols**

- A nurse may refuse to delegate.
- A nurse may delegate regularly scheduled, unit-dosed medications via approved routes.
- MACs may only administer unit-dosed medications.
- MACs may not administer any medication that requires a medication calculation to determine the appropriate dose.
- MACs may administer PRN medications if expressly instructed to by the nurse or the medication is an over-the-counter drug.
- MACs may assist in self administration.
- MACs may not administer any medication which requires nursing assessment or judgment prior to administration, evaluation, or follow-up.
- MACs shall not administer medications to more than 40 residents per shift.
- MACs shall not:
 - destroy medications
 - receive written or verbal orders
 - transcribe orders from the medical record
 - conduct resident assessments or evaluations
 - engage in resident teaching activities
 - calculate drug doses
 - administer the first dose of a new medication or a dosage change
 - account for Controlled Substances or witness wastage
 - administer Controlled Substances
- A licensed nurse shall not supervise more than 2 MACs per shift.
- MACs can only work with adult residents.

5. **Proposed Formulary**

Under supervision by a licensed nurse, MACs may administer:

- oral medications
- sublingual medications
- buccal medications

- eye medications, with the exception of eye medications to new post-operative eye clients
- ear medications
- nasal medications
- rectal medications
- vaginal medications
- skin ointments, topical medications including patches and transdermal medications
- pre-measured medication delivered by aerosol/nebulizer
- medications delivered by metered hand-held inhalers
- oxygen, may turn oxygen on and off at predetermined, established flow rate
- add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags

MACs may not administer medications by the following routes:

- central lines
- colostomy
- intramuscular
- subcutaneous
- intrathecal
- intravenous
- nasogastric
- nonmetered inhaler
- intradermal
- urethral
- epidural
- endotracheal

MACs may not administer the following kinds of medications:

- barium and other diagnostic contrast media
- chemotherapeutic agents except oral maintenance chemotherapy
- medication pumps including client controlled analgesia
- nitroglycerin paste
- controlled substances
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6. **Certification Issuance:** Certificate numbers **will not** be given out over the telephone. Please do not call DOPL requesting your number prior to receiving your printed certificate in the mail.
7. **Certification Renewal:** All medication aide certifications expire March 31 of every odd-numbered year.

Unlike many other states, Utah's renewal schedule **is not** based on the date of initial certification. Under Utah's renewal system, all certifications in each profession expire as a group on the same day every two years. Therefore, the length of the first renewal cycle depends on how far into the current renewal cycle initial certification was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application is an application-processing fee only. It

does not include a renewal fee. Each certificate holder is responsible to renew **PRIOR** to the expiration date shown on the current certificate. Approximately two months prior to the expiration date shown on the certificate, renewal information is disseminated to each certificate holder's last address of record, as provided to DOPL.

8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
10. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (American Express, MasterCard, and Visa) are also accepted in person at DOPL's main office – but not over the telephone.
11. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

12. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
13. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

MEDICATION AIDE CERTIFIED

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.					
Last Name:		First Name:		Middle Name:	
Social Security Number: - -			Maiden Name:		
I certify under penalty of perjury that:					
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __					
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.					
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __					
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.					
<input type="checkbox"/> I am a foreign national not physically present in the United States.					
Mailing Address:			City:	State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:		
<input type="checkbox"/> Female					
List all other licenses, registrations, or certifications issued by any other state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>					
Profession:		Issuing State:			
License Number:		License Status:	Issue Date:		
Profession:		Issuing State:			
License Number:		License Status:	Issue Date:		

<i>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</i>	
License/Certificate Number: _____	
Date License/Certificate Approved: ___/___/___	
Approved By: _____	
Date License/Certificate Denied: ___/___/___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___ / ___ / _____

APPROVED MAC TRAINING PROGRAM

(Course must be at least 40 clock hours of classroom learning and 20 clock hours of clinical practice.)

Name of Program: _____

Dates Attended: ___ / ___ / ___ to ___ / ___ / ___

Location: _____

MEDICATION AIDE CERTIFIED EXAMINATION REQUIREMENT

Number: _____ Expiration: ___ / ___ / ___

MAC QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

(Continued on the next page.)

12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
21. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
22. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
23. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. _____ Do you currently have any criminal action pending?

(Continued on the next page.)

25. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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