

**KENTUCKY BOARD OF NURSING  
CMA Credentialing  
312 Whittington Parkway Suite 300  
Louisville, KY 40222  
Phone: (502) 892-9399  
Website: kbn.ky.gov**

## **CHECKLIST FOR CERTIFIED MEDICATION AIDE (CMA) COMPETENCY VALIDATION**

This form must be completed by your immediate supervisor, signed and uploaded with your application for renewal or reinstatement of a CMA I OR CMA II. Print clearly and legibly using capital letters and black ink.

### **SECTION 1: Biographical Data**

#### **CMA Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Applicant Credential #: \_\_\_\_\_

#### **Supervisor Information:**

Immediate Supervisor's Name and Credentials: \_\_\_\_\_

License #: \_\_\_\_\_ Email: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### **SECTION 2: Immediate Supervisor's Certification**

As the Immediate supervisor of the above-named CMA I or CMA II, I certify that the following Information is true and accurate. I also certify that:

(Name of CMA) \_\_\_\_\_  
performs medication administration in a safe manner, under the direct on-site supervision of a nurse including the competent performance of each of the following acts (as indicated by my initials):

**CMA I and CMA II Renewal Requirements:**

- \_\_\_\_\_ Demonstrate understanding of medication orders and documentation.
- \_\_\_\_\_ Demonstrate understanding of medication storage and disposal.
- \_\_\_\_\_ Identify various forms of medication and appropriate administration.
- \_\_\_\_\_ Identify safety and rights of medication administration.
- \_\_\_\_\_ Identify changes in a resident's normal condition, status, or routine that would require reporting.

Administer medications via the following routes:

- \_\_\_\_\_ Topical
- \_\_\_\_\_ Oral

**CMA II Only Renewal Requirements:**

- \_\_\_\_\_ Demonstration of blood glucose testing and use of equipment.
- \_\_\_\_\_ Identify glucose levels and courses of action related to hyperglycemic and hypoglycemic readings.
- \_\_\_\_\_ Demonstration of insulin administration via a prefilled insulin pen.

**SECTION 3: Completed form must be uploaded through the nurse portal to the Certified Medication Aide Category when you are applying via either of the following credentialing types:**

1. Renewal of a CMA I or CMA II credential, or
2. Reinstatement of a CMA I or CMA II credential that has lapsed

**SECTION 4: Immediate Supervisor's Signature**

Immediate Supervisor \_\_\_\_\_

Signature of Immediate Supervisor \_\_\_\_\_

Date: \_\_\_\_\_