

**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: _____