

CMA I Application Screenshots:

- Once nurse portal account holder log ins, they will select:
 - 'Apply for License'

KENTUCKY BOARD OF NURSING
Nurse Portal

Build: 3.2.3_20240613_63958

BARKER, ASHLEY - Help

Well done, ASHLEY BARKER! You have successfully registered your Nurse Portal account with the Kentucky Board of Nursing.

NOTE: Credit Card / ACH Transaction Fees Effective July 6, 2020, fees assessed by the banking industry will be charged for each transaction. Payments made with a credit card will have an additional 2.75% of the payment added to the total. Payments made by ACH (online check) will have a \$1.00 charge attached to the payment. The banking fees will be in addition to the fees due to the Kentucky Board of Nursing.

The Kentucky Nurse Portal works best on a Windows desktop PC or laptop in Chrome or Microsoft Edge. Mobile devices are not supported (for example, phones, iPads, tablets).

If you have submitted an application for licensure, you may view your status by going under Submitted License Applications.

Your Licenses with Kentucky

License Number	License Type	Compact Status	License Granted Date	License Expiration Date	License Status
50257312	SRNA Certification	N/A	Nov 22, 2022	Aug 31, 2024	Active

License data provided by the Kentucky State Board of Nursing

Your License Applications in Process

License Type	Application Type	Edit
No applications are in progress.		

Submitted License Applications

License Number	License Type	Application Type	Status	Submission Date	Application Id
No applications submitted					

Your Credentials

Credential/Permit Number	Type	Granted Date	Expiration Date	Status
No credentials to list				

Other Applications

Application	Status	Submission Date	Application Id
No applications found			

Non Licensure related Applications Provided by the Board of Nursing

Educational Programs
Get details about Kentucky State Educational Programs to grow your career.

International Center for Regulatory Scholarship (ICRS)
Gain advanced knowledge and enhance your leadership skills at ICRS.

Help

- Nurse Portal Instructions
- APRN Licensure
- RN Licensure
- LPN Licensure

Forms

Nursing Board Links

- Kentucky Nursing Jurisprudence Exam - N/E
- Kentucky License/Credential/Certification Verification Portal
- State and Federal Background Check
- Address/Name Change Information

Other Links

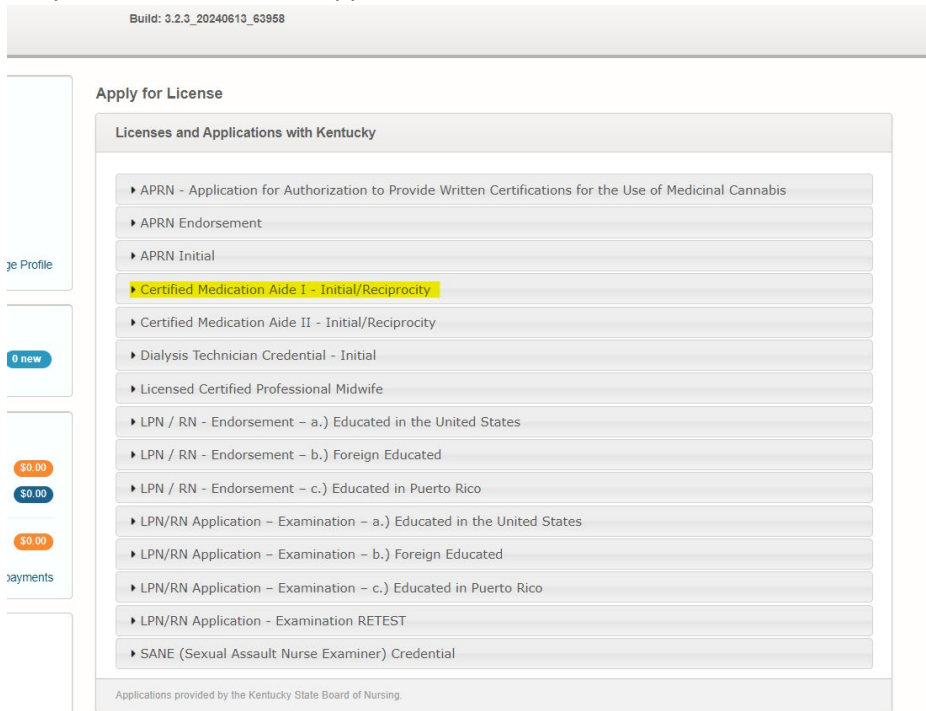
- Kentucky Nursing Law
- Nursys Licenses Verification for Endorsement
- NCSBN's Global Regulatory Atlas
- Nurse Licensure Compact FAQs

Kentucky Board of Nursing
312 Whittington Pkwy, Ste 300 Louisville, KY 40222
Telephone: (502) 429-3300 Fax: (502) 429-3311
Hours of Operation: Monday through Friday 8:00am to 4:30pm EST

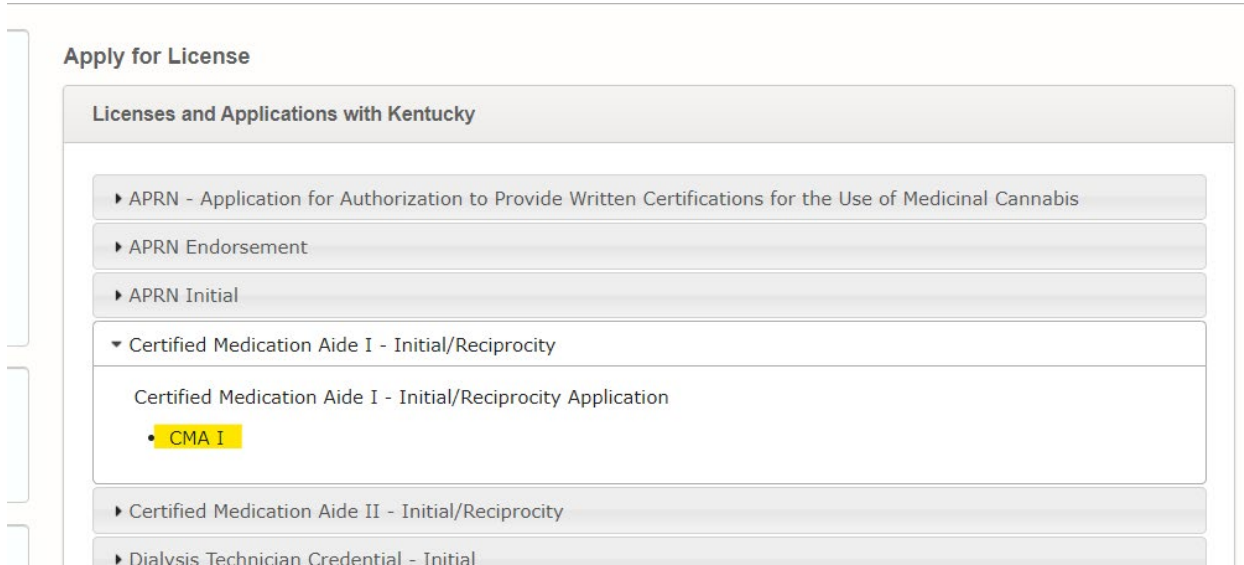
Privacy Notice

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- Available applications will now be showing to the account holder.
 - They will select the CMA I application.



- They will then select 'CMA I'



- Application Instructions will open:

Certified Medication Aide I - Initial/Reciprocity (CMA I)

Instructions

Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
(502) 429-3300 kbn.ky.gov

Certified Medication Aide I (CMA I) Initial / Reciprocity - Credential

Before submitting your application be advised that **ALL FEES ARE NON-REFUNDABLE**.

Please review the following application requirements and additional information:

- **Definition of CMA I:**
 - Has specialized training under supervision of a nurse; and
 - Is permitted to administer oral or topical medications under the delegation of a nurse upon successful completion of a board approved examination.
- **Complete the application and submit the fee of \$25.**
 - Applications are valid for one year.
 - If requirements are not met within one year, your application will expire, and you will have to start the process over again.
- **Must meet the following requirements:**
 - Successfully completed the medication aide examination administered by the Kentucky Community and Technical College System (KCTCS); or other board approved facility medication aide training program.

Note:

- If you have an address change, you will need to go to 'Other Applications' on your Nurse Portal Dashboard and choose the Address Change- CMA / Dialysis Tech/ LCPM / SRNA application.
- If you have a name change, you will need to go to 'Other Applications' on your Nurse Portal Dashboard and choose the CMA / SRNA Name Change application.

Next

Cancel

- License Application Type
 - Account holder will verify this is the correct application they are applying for.
 - Select Save and Continue.

Certified Medication Aide I - Initial/Reciprocity (CMA I)

1 License Application
2 Preview & Submission
3 Fee Payment
4 Confirmation Receipt

View Instructions

- License Application Type ✔
- General Information ●
- Education History ●
- Employment History ●

License Application Type

CMA Credential Type

License Application

License Type

CMA I

Application

Certified Medication Aide I - Initial/Reciprocity

Save and Continue

Save and Return to Home

Cancel

Discard Application

- General Information
 - Please verify the name that is listed on this application. Your legal name should be as it appears on a current, government-issued identification such as a driver license or passport.
 - If your name is different than what is currently displayed, you will need to go to 'Other Applications' and choose the CMA/SRNA -Request Name Change application.
 - If you have an address change, you will need to submit an address change application. You will submit the address change by choosing SRNA, DT, LCPM, CMA Address Change application under 'Other Applications'.
 - Screenshot on next page:

General Information

Please verify the name that is listed on this application. Your legal name should be as it appears on a current, government-issued identification such as a driver license or passport.

If your name is different than what is currently displayed, you will need to go to 'Other Applications' and choose the CMA/SRNA -Request Name Change application.

If you have an address change, you will need to submit an address change application. You will submit the address change by choosing SRNA, DT, LCPM, CMA Address Change application under 'Other Applications'.

Demographic Information

Full Legal Name Required

First Name (required)	Middle Name	Last Name (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suffix

Maiden Name

Identifying information
Identifying information

SSN (required)
 Show SSN

Confirm SSN

What is your Gender?

What is your Race? (Please select ALL that apply) (required)

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Other
- Choose not to answer

Contact Information

Residential Address
(Also mailing address)

Country
UNITED STATES

Street Line 1
312 Whittington Parkway

City State Zip Code
Hurstbourne KENTUCKY 40222

Primary Phone Number (required) Type (required) Phone Number (required)
Cell (502) 555-5555

+ Add Other Phone Number

Previous **Save and Continue** Save and Return to Home Cancel Discard Application

• Education History

Certified Medication Aide I - Initial/Reciprocity (CMA I)

2 Preview & Submission 3 Fee Payment 4 Confirmation Receipt

Education History

If you have previously submitted an application for any license/credential with KBN, the education that was reported at the time of the application submission will be shown on this page.

Click on "+Add" to enter the education you are using for the basis of this application.

- CMA I applicants are required to enter non-nursing education and their CMA program information.
 - 'If you have previously submitted an application for any license/credential with KBN, the education that was reported at the time of the application submission will be shown on this page.'
 - Click on '+Add' to enter the education you are using for the basis of this application.'
 - Non-nursing
 - High school
 - GED

Non-Nursing Education

Non-Nursing Education HighSchool/GED (required)
High School

High School Name (required) Year of High School Graduation (required)
Please select

Country
UNITED STATES

Street Line 1 (required)
Enter a location

City (required) State (required) Zip Code (required)
Please Select

Non-Nursing Education

Non-Nursing Education HighSchool/GED (required)
GED

GED (required) GED Received Date (required)
mm/dd/yyyy

The 'Education' form contains the following fields:

- Country (required): UNITED STATES
- State (required): KENTUCKY - KY
- Program Type: CMA I
- Program Name (required): Ashland CTC - CMA I - Ashland
- Program Address: Ashland - KY
- Education obtained:
 - Education Status (required): Graduated
 - Degree Obtained (required): CMA I Certification Exam
- Graduation date Format: MM/DD/YYYY (selected) / MM/YYYY
- Graduation date (required): 01 / 2024

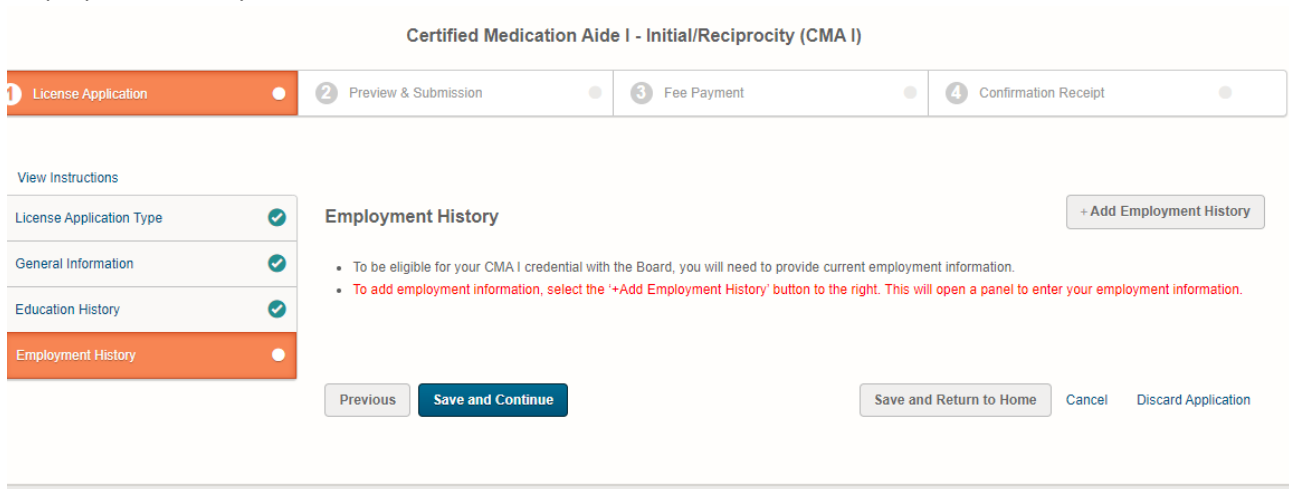
- CMA Program Information:
 - State
 - Select State
 - Program Type
 - Select CMA I
 - Program Name
 - Select CMA I Program Name
 - Education Status
 - Expecting Graduation
 - Graduated
 - Degree Obtained
 - CMA I Certification Exam
 - Graduation Date
 - Date program completed.
 - **NOTE:** If you get a phone call from one that is on the KCTCS list that does not remember when they completed the program or program name, provide the following information:
 - Graduation date – provide the CMA Certification Issuance Date
 - Program Name – have them select ‘Other’ for program name which then becomes a free text field and have them enter the name ‘KCTCS’.

- Education Basis for the CMA I Credential
 - Select from drop-down box the CMA I Program listed for this application.
 - Save and Continue.

The 'Education Basis for the CMA I Credential' form contains the following field:

- Please indicate your Education Basis for the CMA I Credential (required): Ashland CTC - CMA I - Ashland

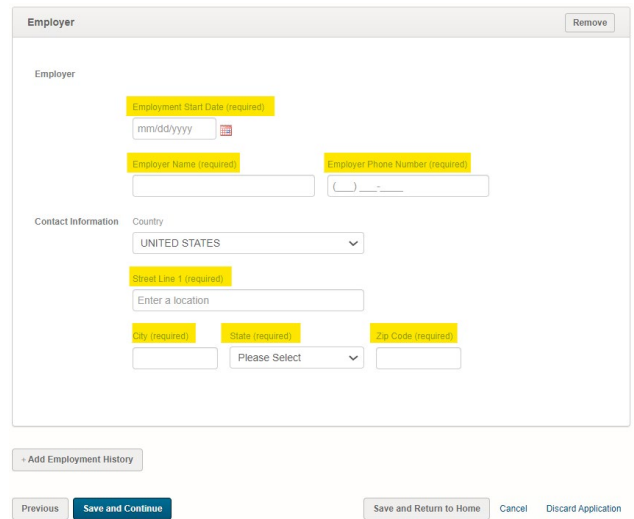
- Employment History



- Select '+Add Employment History'

- Enter:

- Employment Start Date
 - Employer Name
 - Employer Phone Number
 - Employer Address
 - Save and Continue



- Preview & Submit Application

- CMA I applicant will review information entered and they can make an edit before submitting payment.
 - Read the attestation statement at the bottom of the page.
 - Be sure to select the box to attest to the attestation statement.
 - Select button to 'Make Payment'.
 - After payment has been made, select 'Finish'.

Preview & Submit License Application

Preview

▸ Instructions

License Application Type [Edit]

License Type: CMA I
Application: Certified Medication Aide I - Initial/Reciprocity

General Information [Edit]

Demographic Information

Salutation:
Full Legal Name Required: ██████████
Maiden Name: ██████████

Identifying information

What is your Gender?: ██████
What is your Race? (Please select ALL that apply): ██████████

Contact Information

Residential Address
(Also Mailing Address) 312 Whittington Parkway
Hurstbourne KY 40222
UNITED STATES

Phone Number(s)
Cell: (502) 555-5555 (Primary Phone)

Education History [Edit]

Non-Nursing Education

HighSchool/GED GED
GED: Yes
GED Received Date: 07/01/2024

Education

Program Type: CMA I
Program Name: ASHLAND CTC - CMA I
Program Address: Ashland KY
Degree Obtained: CMA I Certification Exam
Education Status: Graduated
Graduation date: 01/2024
Please indicate your Education Basis for the CMA I Credential: Ashland CTC - CMA I - Ashland

Employment History [Edit]

I certify that I am the person referred to in this application; that I have read and understand administrative regulations 201 KAR 20:472, 201 KAR 20:474, 201 KAR 20:476, and 201 KAR 20:478 and 902 KAR 20:018, 907 KAR 1:400, and 42 CFR 405.2102; that all statements contained herein and on all attachments are true and correct in every respect and that I have read and understand this application and all requirements stated therein. I understand that failure to comply with requirements for credential may subject this application to denial status. I understand that all information on this application is subject to an audit for verification and that knowingly supplying false information on or with this application is a violation of KRS Chapter 314 and may subject me to the full range of disciplinary action described therein.

Application Fee

Application:	Certified Medication Aide I - Initial/Reciprocity	
Application Fee Amount:	Certified Medication Aide I	\$25.00
	Total:	\$25.00