



D&S Diversified Technologies LLP

Headmaster LLP

Ohio Medication Aide-Certified (MA-C) Candidate Handbook

UPDATED: October 4, 2023

Version 8

Updates October 2023:

The handbook has been updated for the transition to TestMaster Universe (TMU©).

Ohio MA-C TestMaster Universe (TMU©): <https://om.tmutest.com>

Contact Information

Questions regarding: testing process • test scheduling • eligibility to test: (877) 851-2355		
Questions regarding: MA-C training • certification status: (614) 741-1943		
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<i>Ohio State Board of Nursing</i> 17 South High Street, Suite 660 Columbus, OH 43215-7410 Web Site: https://nursing.ohio.gov/licensing-certification-ce/medication-aides/	Monday through Friday 8:00AM – 5:00PM (EST)	Phone #: (614) 466-6966

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Introduction

The purpose of a medication aide competency evaluation program is to ensure that candidates who are seeking to be medication aides understand the state standards and can competently and safely perform the job of an entry-level medication aide.

This handbook describes the process of taking the medication aide competency test and is designed to help prepare candidates for testing. There are two parts to the medication aide competency test—a multiple-choice knowledge test and a skill test. Candidates must pass both parts of the test and meet all requirements of the Ohio Board of Nursing to be certified as a Medication Aide-Certified (MA-C) in Ohio.

The Ohio Board of Nursing has approved D&S Diversified Technologies (D&SDT)-HEADMASTER, LLP, to provide testing and scoring services for medication aide testing. For questions not answered in this handbook, please contact D&SDT-HEADMASTER at (877)851-2355 or go to www.hdmaster.com. The information in this handbook will help you prepare for your examination.

Americans with Disabilities Act (ADA)

ADA Compliance

The Ohio Board of Nursing and D&SDT-HEADMASTER provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the medication aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. Accommodations must be approved by D&SDT-HEADMASTER in advance of examination. The request for accommodations can be found on the [D&SDT-HEADMASTER webpage](#) and clicking on the PDF Fillable [ADA Accommodation Form 1404](#). Fill out the ADA Request and attach with the required documentation found on the second page of the request form to an email to: ohio@hdmaster.com, in order to be reviewed for an accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

Please allow additional time for your request to be approved. If you have any questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (877)851-2355.

Active Duty and Veteran GI Bill Benefits

D&SDT-HEADMASTER has been approved by the Department of Veterans Affairs (VA) as an approved testing vendor for the Ohio MA-C exam. If you are an active duty or retired service member you may be eligible for reimbursement of exam fees if funds are available through your GI Bill. To request VA reimbursement of exam fees you must provide your receipt of paying your Ohio MA-C exam fees along with a completed VA Application for Reimbursement of Licensing or Certification Test Fees [Form 22-0803](#) to the VA for reimbursement. Additional information regarding the GI Bill can be found on the [VA website](#).

Priority of Service on Test Day

If you are active or retired military, veteran or spouse of a veteran, you are eligible to receive priority of service on testing day. To qualify, you must provide the following additional proof of service documentation to the RN Test Observer at check-in on test day:

- Department of Defense Identification Card (active, retired or TDRL).
- DD214 Military Discharge Certificate indicating disposition of discharge.
- Report of Separation from the national archives at the National Personnel Records Center (NPRC) in St. Louis, Missouri.
- Veterans Identification Card from the Department of Veterans Affairs.

The Ohio Medication Aide Competency Exam

Completing your Record in TMU©

Your initial registration information will be entered in D&SDT-HEADMASTER's Ohio Medication Aide-Certified (MA-C) TestMaster Universe (TMU©) software by your training program or an alternate registration route.

IMPORTANT: Before you can test, you must sign in to the Ohio Medication Aide (CMA) TMU© (<http://om.tmutest.com>) using your secure Email or Username and Password and complete/review your demographic information to make sure everything in your record is current and correct.

- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your record has been created, that you sign in to your record, update your password and complete/review your demographic information.

If you do not know your Email or Username and Password, enter your email address and click on "Forgot Your Password?" You will be asked to re-enter your email and a 'reset password link' will be sent to your email (see instructions under '**Forgot your Password and Recover your Account**'). If you are unable to sign in for any reason, contact D&SDT- HEADMASTER at (877)851-2355.

This is the OHIO CMA TMU© main page <http://om.tmutest.com>:

- Click on 'Available Test Dates' see the calendar of available test events and their location.
- Click on 'Read FAQ' for frequently asked questions.

Ohio Medication Aide-Certified (MA-C) Candidate Handbook

If you know your email or username and password, this is the screen you will see the first time you sign in to your TMU@ record with the **demographic information you need to enter to complete your record:**

Home > Setup Account

Setup Account

We're Sorry, Your Account Still Needs Some Info
Enter the below information to finish setting up your account.

FIRST *	MIDDLE	LAST *	SUFFIX
CANDIDATE		PRACTICE	
SOCIAL SECURITY # *	BIRTHDATE *	PHONE *	
Encrypted for your safety			
ADDRESS *			
333 OAKLAND AVE			
CITY *	STATE *	ZIPCODE *	
FINDLAY	OH	45840	

DISCLAIMER
By completing your account you consent to your name and certification status being publicly listed on the Ohio CMA registry

[Finish Account Setup](#)

Enter the blank * fields and then click on **Finish Account Setup**

TMU OHIO CMA Tests Trainings Billing Profile

Shopping Cart CANDIDATE

✓ Thanks, your account has now been set up. ✕

Welcome, CANDIDATE!



Testing

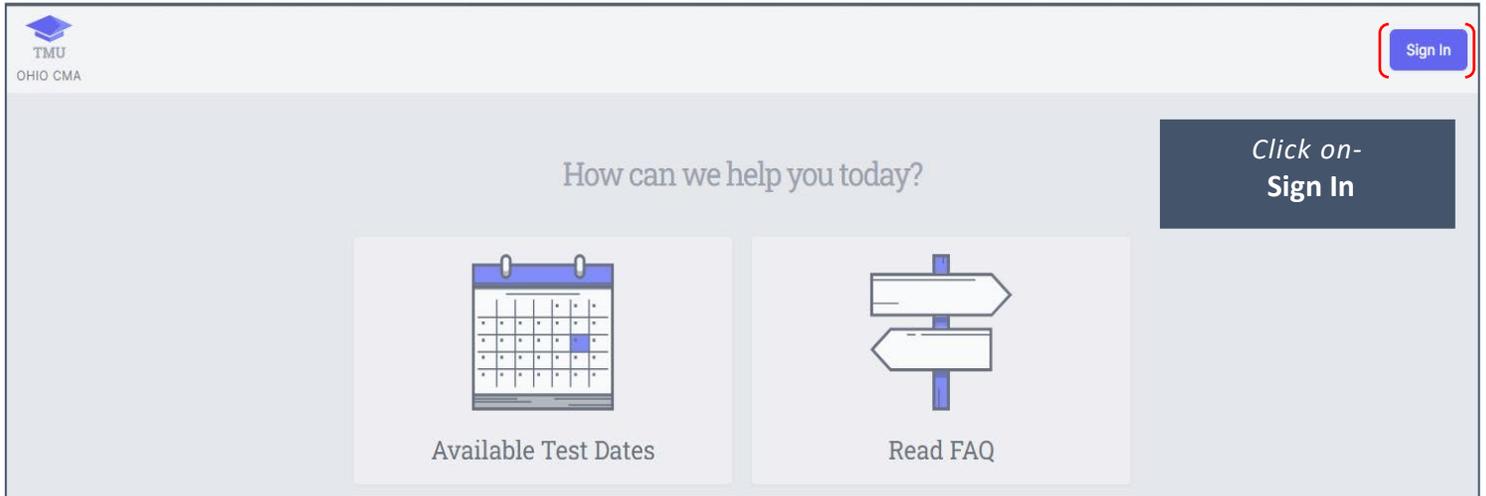


Your Profile

If you have forgotten or do not know your Password, follow the instructions in the next section **'Forgot Your Password and Recover your Account'** to Reset your Password and Recover your Account.

FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT

If you do not remember your password, follow the instructions with screen shots in this section.

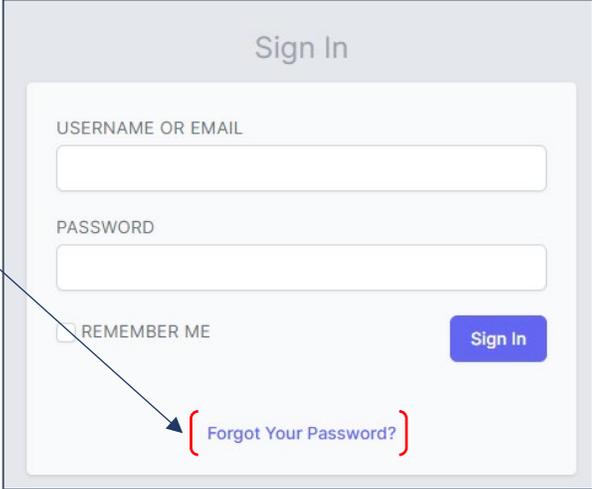


The screenshot shows the top navigation bar with the TMU Ohio CMA logo on the left and a "Sign In" button on the right. Below the navigation bar is a header area with the text "How can we help you today?". To the right of this header is a dark blue button labeled "Click on- Sign In". Below the header are two main content areas: "Available Test Dates" with a calendar icon and "Read FAQ" with a signpost icon.

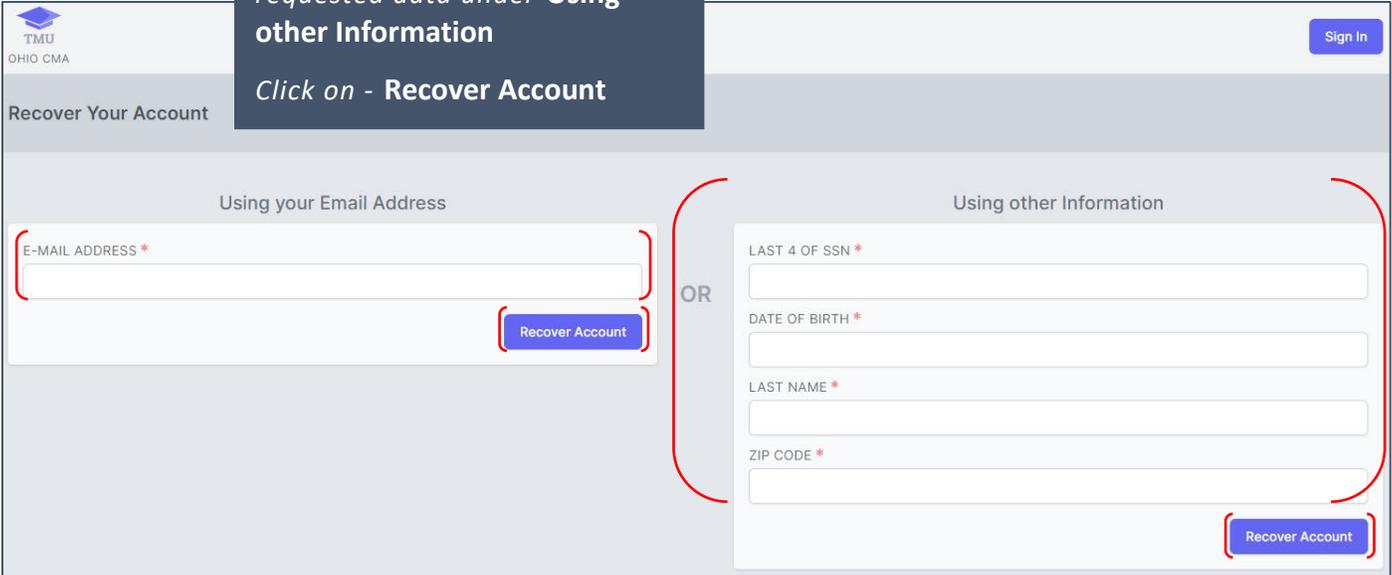
Click on-
Forgot Your Password?

Type in your Email Address
Click on – Recover Account
An email with the reset link will be emailed to you.

-OR- You can type in the requested data under Using other Information
Click on - Recover Account



The screenshot shows the "Sign In" form. It includes fields for "USERNAME OR EMAIL" and "PASSWORD", a "REMEMBER ME" checkbox, and a "Sign In" button. A red bracket highlights a "Forgot Your Password?" link located at the bottom right of the form.



The screenshot shows the "Recover Your Account" form. It is divided into two sections: "Using your Email Address" and "Using other Information". The "Using your Email Address" section has an "E-MAIL ADDRESS *" field and a "Recover Account" button. The "Using other Information" section has fields for "LAST 4 OF SSN *", "DATE OF BIRTH *", "LAST NAME *", and "ZIP CODE *", with a "Recover Account" button at the bottom. A large red bracket groups both sections, and the word "OR" is placed between them.

TMU
OHIO CMA

Sign In

Recover Your Account

We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered.

Using your Email Address

E-MAIL ADDRESS *

Recover Account

OR

Using other Information

LAST 4 OF SSN *

DATE OF BIRTH *

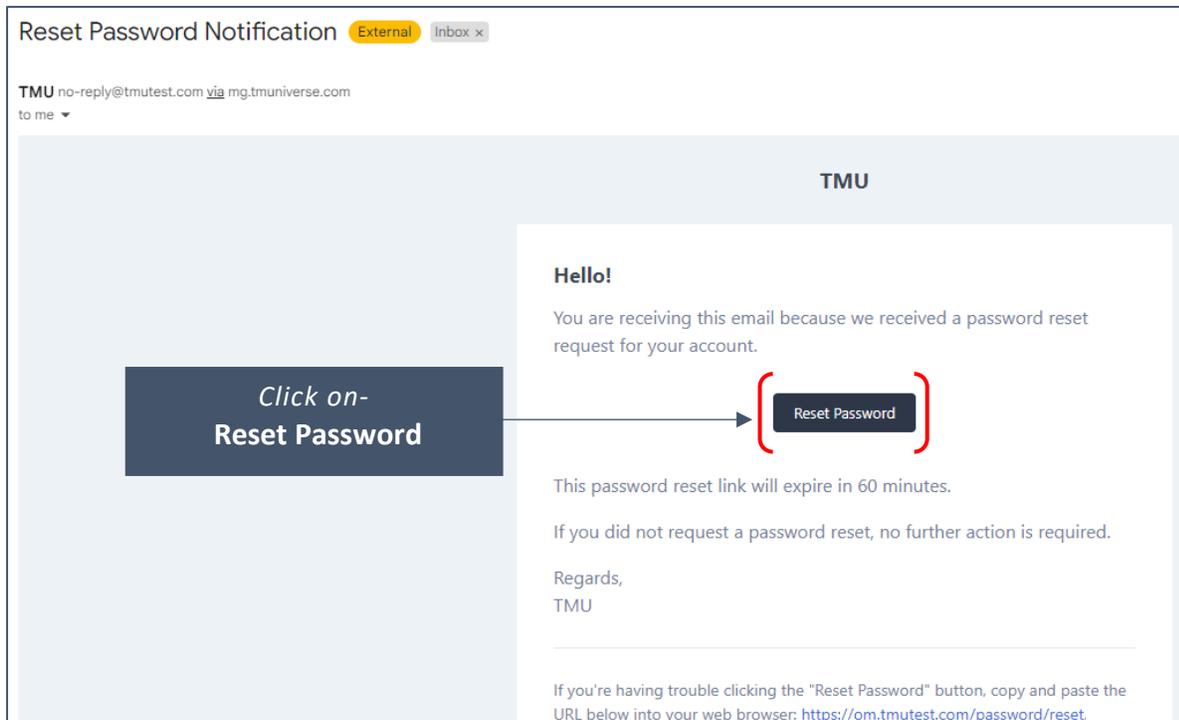
LAST NAME *

ZIP CODE *

Recover Account

NOTE: Click on the 'Reset Password' link in your email to reset your password.

This is what the email will look like (check your junk/spam folder for the email):



Note: If you do not reset your password right away, the link does expire in 60 minutes and after that time, you will need to request a new link.

Reset Your Password

E-MAIL ADDRESS
sample@sampleemail.com

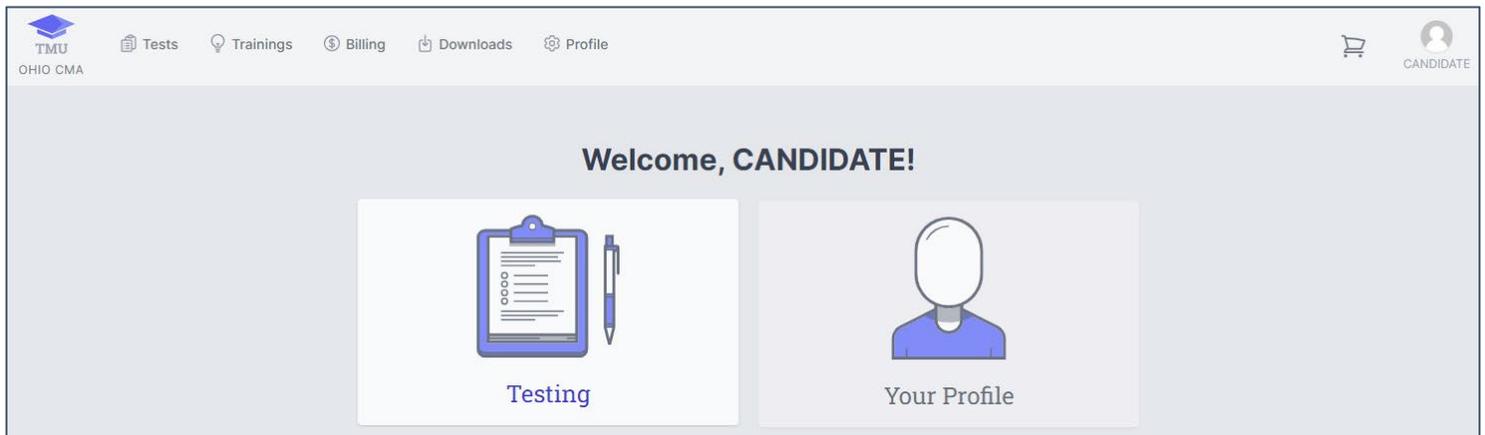
PASSWORD

CONFIRM PASSWORD

Reset Password

Type in your Password and Confirm Password, then click on - Reset Password

This is the home screen you will see once you have reset your password:



Schedule a Medication Aide Exam

In order to schedule an examination date, you may either be a current, certified state tested nursing aide (STNA) and have successfully completed an Ohio Board of Nursing approved medication aide training program within the last sixty (60) days or be a Residential Care Aide with one year experience and have successfully completed an Ohio Board of Nursing approved MA-C training program within the last sixty (60) days.

MEDICATION AIDE TRAINING PROGRAM CANDIDATES

Your training program will enter your demographic and training information with completion date into the Ohio CMA TMU© database. Your instructor or training program will verify the name entered into TMU© against the identification you will present when you sign in at a test event. Your photo ID must be a US government issued, signed, non-expired, photo bearing form of identification. If you discover your ID name doesn't match your name as listed in TMU©, please call D&SDT- HEADMASTER at (877)851-2355 during regular business hours, Monday through Friday, 8:00AM to 8:00PM, Eastern Standard time (EST), excluding holidays.

RESIDENTIAL CARE AIDE WITH MEDICATION AIDE TRAINING CANDIDATES

A letter from the residential care facility on company letterhead must be submitted documenting that you have worked in a residential care facility for a minimum of 1600 hours. Your training program will enter your demographic and training information with completion date into the TMU© database. Your instructor or training program will verify the name entered into TMU© against the identification you will present when you sign in at a test event. Your photo ID must be a US government issued, signed, non-expired, photo bearing form of identification. If you discover your ID name doesn't match your name as listed in TMU©, please call D&SDT- HEADMASTER at (877)851-2355 during regular business hours, Monday through Friday, 8:00AM to 8:00PM EST, excluding holidays.

Once your completed record is in the D&SDT- HEADMASTER Ohio CMA TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Ohio CMA TMU© webpage at <https://om.tmutest.com> using your email and password (**see instructions under 'Schedule/Reschedule into a Test Event'**). If you are unable to sign in with your email, please call D&SDT- HEADMASTER for assistance at (877) 851-2355 during regular business hours 8:00AM to 8:00PM, EST, Monday through Friday, excluding Holidays.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After testing fees are paid, you will be able to schedule and/or reschedule your exam up to the business day prior to a scheduled exam date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may login with any Internet connected device. To schedule or reschedule your test date, sign in to the Ohio CMA TMU© webpage at <https://om.tmutest.com> with your email and password.

If you are unable to schedule/reschedule on-line, please call D&SDT- HEADMASTER at (877) 851-2355 during regular business hours 8:00AM to 8:00PM, EST, Monday through Friday, excluding Holidays, for assistance.

Payment Information

Exam Description	Price
Knowledge Test or Retake	\$30
Skill Test or Retake	\$80

- Candidates and facilities can pay testing fees online through TMU©.
 - For candidates:
 - Please follow the instructions under the section below **'Self-Pay of Testing Fees in TMU©'**.

SELF-PAY OF TESTING FEES IN TMU©

Testing fees will need to be paid *before* you can schedule a test date.

Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.

Ohio Medication Aide-Certified (MA-C) Candidate Handbook

TMU OHIO CMA | Tests | Trainings | Billing | Downloads | Profile

Welcome, CANDIDATE!

Testing | Your Profile

Click on- Testing -or- Click on the Tests tab at the top of the page.

Home > Tests

Your Tests

Scheduling	EXAM	REASON
<input checked="" type="checkbox"/>	Medication Aide Knowledge <small>Not Eligible</small>	Payment Required
<input checked="" type="checkbox"/>	Medication Aide Skill <small>Not Eligible</small>	Payment Required

Under Scheduling, click on the box to the left of Exam to select the GXMO test component – a checkmark will appear in the box.

Then click on- Add Selected Items to Cart

Add Selected Items to Cart

Home > Cart

Cart

Added Medication Aide Skill to your cart.
 Added Medication Aide Knowledge to your cart.

DESCRIPTION	ITEM TYPE	AMOUNT
Medication Aide for Candidate Practice	Knowledge	30.00
Medication Aide for Candidate Practice	Skill	80.00
Total:		\$ 110.00

Pay with Credit Card

You will get a message that the GXMO Knowledge exam has been added to your cart and the Knowledge Exam Amount

click on- Pay with Credit Card

Home > Prepay

Prepay to Schedule

Enter the Credit Card information and then click on-
Submit Payment

You will receive a receipt of the transaction.

What You're Paying For	
DESCRIPTION	COST
Medication Aide for Candidate Practice	30.00
Medication Aide for Candidate Practice	80.00
Total:	\$ 110.00

Pay with a Card

CARDHOLDER NAME CARD NUMBER

EXP MONTH EXP YEAR SECURITY CODE

CARDHOLDER ADDRESS

CITY STATE ZIP CODE

[Submit Payment](#)

Once your testing fees are paid, you will be eligible to choose a test site and date. **Follow the instructions in the next section to 'Schedule/Reschedule into a Test Event'.**

Schedule/Reschedule into a Test Event

[Tests](#)
[Trainings](#)
[Billing](#)
[Downloads](#)
[Profile](#)

Welcome, CANDIDATE!

Testing

Your Profile

Click on-
Testing

-or-

Click on the **Tests** tab at the top of the page.

Ohio Medication Aide-Certified (MA-C) Candidate Handbook

Home > Tests

Your Tests

Scheduling

EXAM	REASON
Medication Aide Knowledge Eligible	
Medication Aide Skill Eligible	

The Ohio Medication Aide Knowledge and Skill Exams will appear in this format showing you are eligible to schedule.

*To schedule, click on – **Schedule** on the right hand of the screen.*

Schedule

Schedule

Home > Tests > Find Event

Find Event OH MEDICATION AIDE TESTING

TEST DATE	TEST SITE	SCHEDULING FOR
11/04/2023 1:00 PM EDT	SOLUTIONS PREMIER TRAINING SERVICES (TS) SOUTH EUCLID, OH	K Medication Aide S Medication Aide

All eligible test sites and dates will appear in this format. You will be scheduled to take both the knowledge and skill exams for first time testers.

*To select a test site and test date, click on – **Schedule** to the right of the test date you want to schedule into.*

Schedule

om.tmutest.com says

Schedule into this Event on 11/04/2023 for Medication Aide Knowledge, Medication Aide Skill . Are you sure?

OK Cancel

You will see this message pop up.

*Click on- **OK***

To confirm this is the event you want to schedule.

Home > Tests

Your Tests

Student PRACTICE, CANDIDATE scheduled into Skill for Medication Aide.
Student PRACTICE, CANDIDATE scheduled into Knowledge for Medication Aide.

Scheduling

EXAM	REASON
Medication Aide Knowledge Not Eligible	Already Scheduled
Medication Aide Skill Not Eligible	Already Scheduled

This screen confirms you are scheduled for a test date to take your OH Medication Aide knowledge and skill exams.

*Your status shows **Scheduled**, and a note at the top of your screen (in green) also shows you are scheduled.*

*Click on- **Test Confirmation Page** to see your test confirmation with important reminders for testing.*

Testing History

TEST DATE	EXAM	TEST SITE	STATUS
11/04/2023 1:00 PM EDT	Medication Aide Knowledge	SOLUTIONS PREMIER TRAINING SERVICES (TS) SOUTH EUCLID, OH	Scheduled
11/04/2023 1:00 PM EDT	Medication Aide Skill	SOLUTIONS PREMIER TRAINING SERVICES (TS) SOUTH EUCLID, OH	Scheduled

Test Confirmation Page Get Map Reschedule

Test Confirmation Page Get Map Reschedule

TEST CONFIRMATION LETTER

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time and address). It can be accessed at any time by signing in to your TMU© record. Ohio

The body of the test confirmation letter will refer you to the candidate handbook that will give you state specific instructions on what time to arrive by, ID requirements, etc.

Note: Failure to read the candidate handbook could result in No Show for your test event for not adhering to the policies of testing, etc.

It is important you read this letter!

Test Confirmation Letter

Scheduled Test Confirmation - Ohio CMA Medication Aide

📍 Get Map
🖨️ Print Page

Test Date:	11/04/2023
Test Time:	1:00 PM EDT
Test Exam:	Knowledge - Medication Aide
Test Site:	SOLUTIONS PREMIER TRAINING SERVICES (TS) 14077 CEDAR RD SUITE 203 SOUTH EUCLID, OH 44118

CANDIDATE PRACTICE
333 OAKLAND AVE
FINDLAY, OH 45840

- TESTING BEGINS AT 1:00 PM EDT ON 11/04/2023: **ARRIVE AT LEAST 20 MINUTES EARLY TO CHECK-IN**
- If you are unable to access your account, go to <https://om.tmutest.com>, click on 'Forgot Password', enter your Email, click on 'Send Reset Password Link and follow the directions. If you need further assistance, please call D&SDT-Headmaster at 1.800.393.8664.

Refer to the **Ohio Medication Exam** section of the **Ohio Medication Assistant (MA-C) Candidate Handbook** regarding requirements for testing and what to expect on your test day. Failure to do so may result in you being turned away from testing and forfeiting your testing fees. Review this specific information prior to your testing date.

[Click to open the Candidate Handbook](#)

*Click on-
Print Page
to print your
confirmation letter.*

*Click on-
Get Map
to get Google Maps
directions to the test
site.*

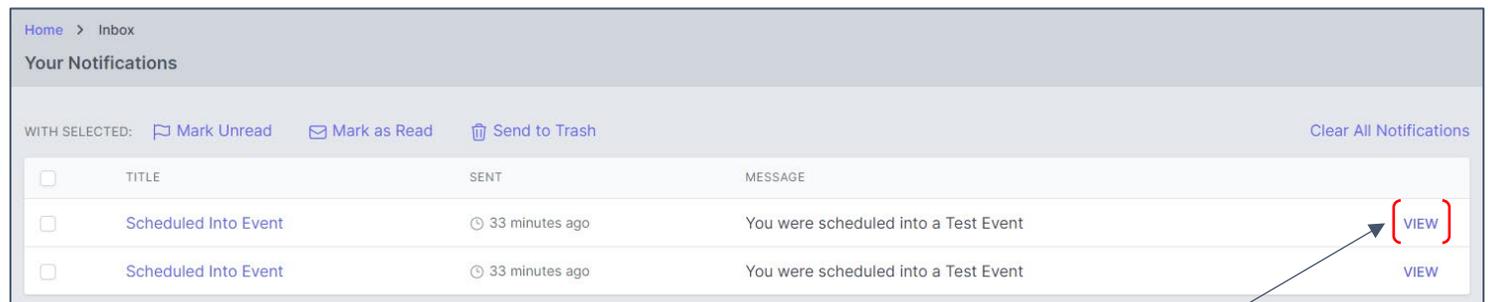
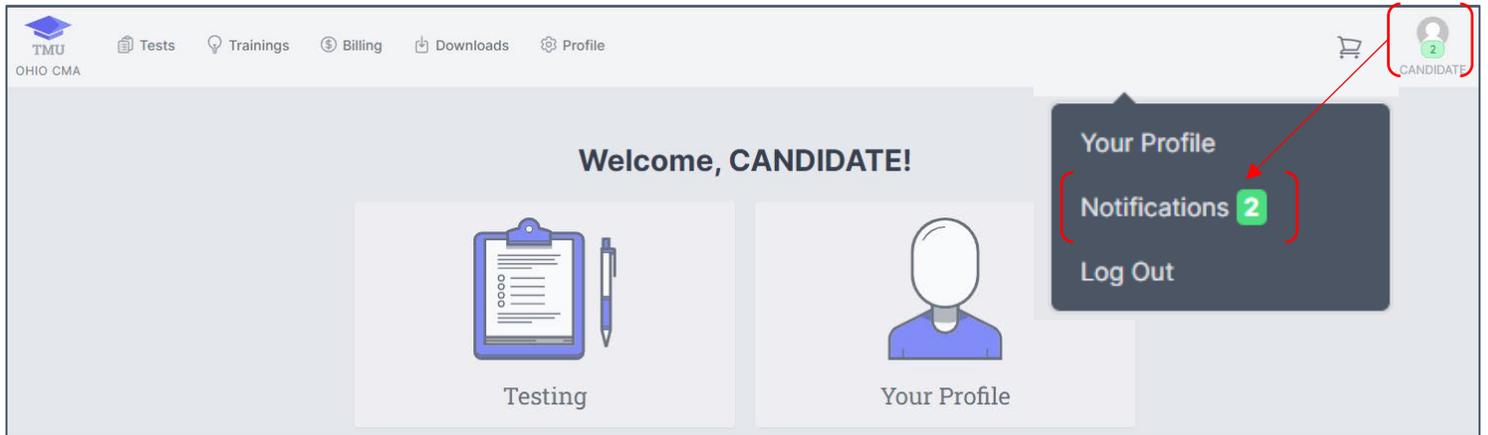
Please see the **'Virtual Knowledge Exam Option'** under the Knowledge Exam section if you are interested in taking your knowledge exam virtually from your home, etc. If you have any questions regarding your test scheduling, call D&SDT-HEADMASTER at (877)851-2355, Monday through Friday, excluding holidays, 8:00AM to 8:00PM EST.

Note: Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

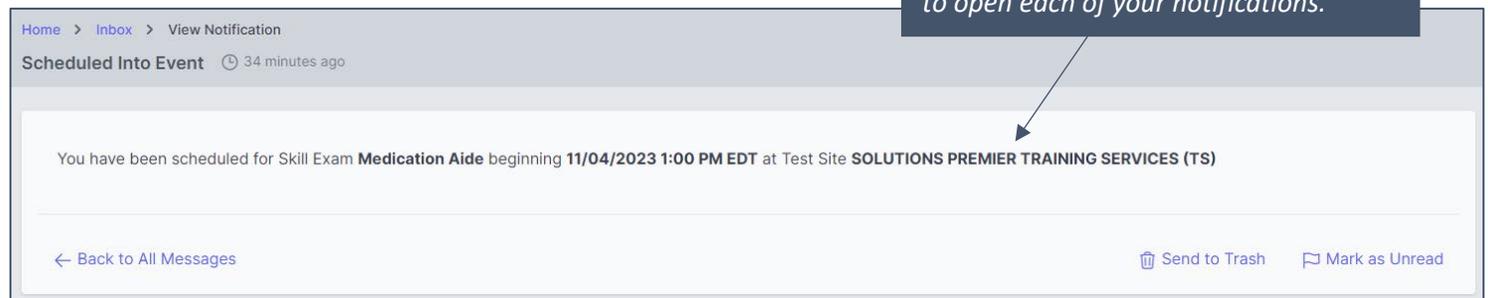
D&SDT-HEADMASTER **does not send** postal mail test confirmation letters to candidates.

Checking/Viewing your TMU© Notifications

Remember to check your 'notifications' in your TMU© record for important notices regarding your selected test events and other information. See screenshots that follow:



Notification example:



Test Day

EXAM CHECK-IN

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start.

- Testing **begins** promptly at the start time noted.
- You need to make sure you are at the event ***at least 20 minutes prior*** to the start time to allow time to get signed in with the Knowledge Test Proctor (KTP).
 - *For example:* if your test start time is 8:00AM – you need to be at the test site for check-in **no later than 7:40AM**.
- If you are scheduled into a virtual knowledge exam, please see procedures/policies under **'Virtual Knowledge Exam Option'** in the Knowledge Exam section.

Note: *If you arrive late, you will not be allowed to test.*

TESTING ATTIRE

You must be in full clinical attire, which includes:

- Scrubs top and pants
 - *Scrubs and shoes can be any color/design*
- Clinical shoes
 - *Opened toed shoes are not allowed (e.g.; flip-flops, sandals)*
- You may bring a standard watch with a second hand.
 - *Smart watches, activity trackers or BlueTooth-connected devices **are not allowed.***
- Long hair must be pulled back.

Note: You will not be admitted for testing if you are not wearing full clinical attire and the appropriate clinical shoes. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

IDENTIFICATION

You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION.**

Examples of the forms of US government issued, signed, non-expired photo ID's that are acceptable are:

- Driver's License
- State Issued Identification Card
- US Passport
 - Foreign Passports and Passport Cards **are not** acceptable
 - **Exception:** *A Foreign Passport that contains a US VISA is acceptable.*
- Military Identification (*must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued*)
- Alien Registration Card (*must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued*)
- Tribal Identification Card (*must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued*)
- Work Authorization Card (*must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued*)

The **FIRST** and **LAST** names listed on the ID presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in D&SDT-HEADMASTER's Ohio CMA TMU© database.

Note:

- **You will not be admitted for testing if you do not bring proper/valid identification.**
 - Be sure your US government issued identification is not expired and that it is signed.
 - Check to be positive that both your FIRST and LAST printed names on your photo ID match your current name of record in D&SDT-HEADMASTER's Ohio CMA TMU© database.
 - A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID.
- In cases where names do not match or your ID is not proper/valid, you will not be admitted for testing, you will be considered a NO SHOW and you will forfeit your testing fees and have to reapply for a new exam and repay all required testing fees.

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab. Please keep your ID with you during the entire exam day.

INSTRUCTIONS FOR THE KNOWLEDGE AND SKILLS EXAM

Test instructions for the knowledge and skills exam will be provided in written format in the waiting area when you sign-in for your exam. PDF versions are also available anytime via the link under the 'Downloads' tab in your TMU© record. Please see the '**Instructions to Access Documents in the 'Downloads' Tab of your TMU© Record**' section. These instructions detail the process and what you can expect during your exam. Please read through the instructions **before** entering the knowledge and skills exam rooms. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the testing rooms.

- If you are scheduled into a virtual knowledge exam, please see procedures/policies under '**Virtual Knowledge Exam Option**' in the Knowledge Exam section. The Virtual Knowledge Exam Instructions can also be found in your TMU© record at <http://om.tmutest.com> under the 'Downloads' tab.

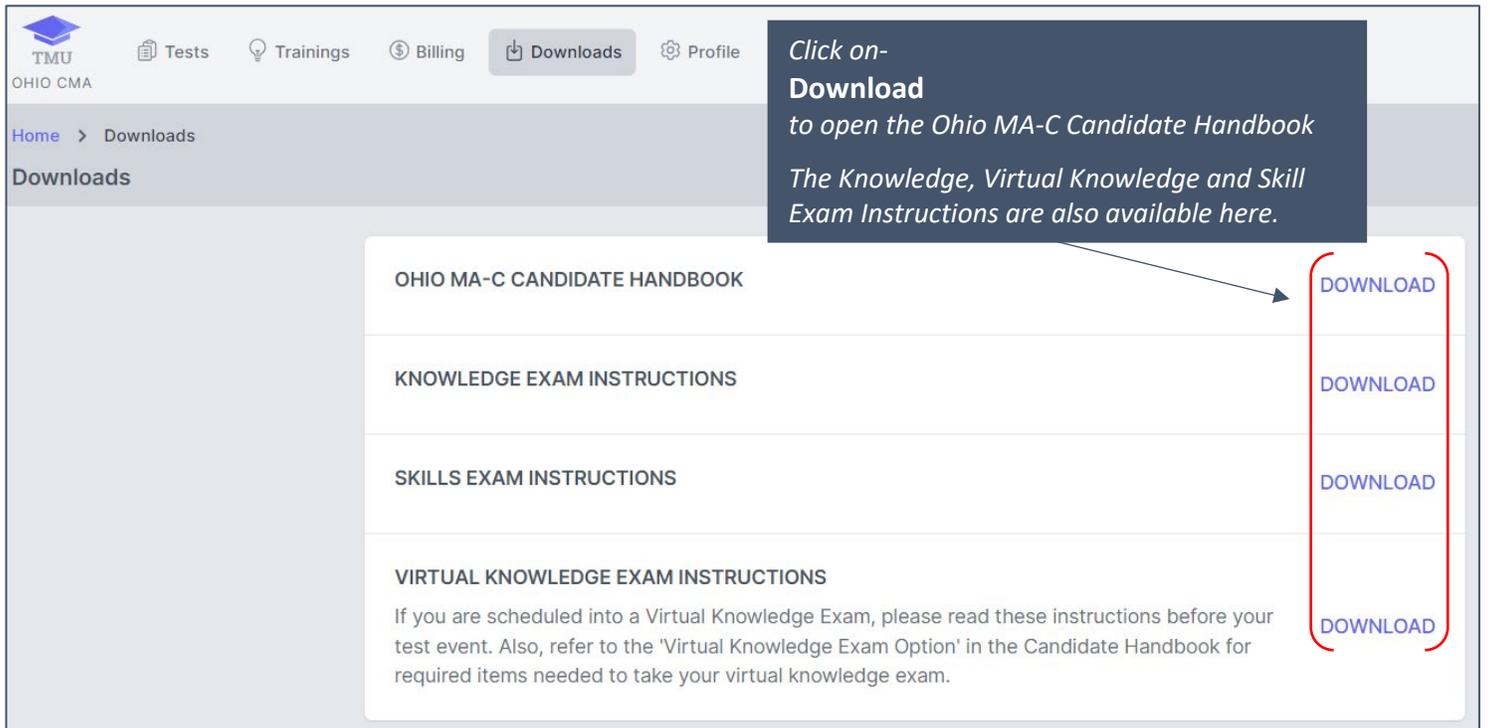
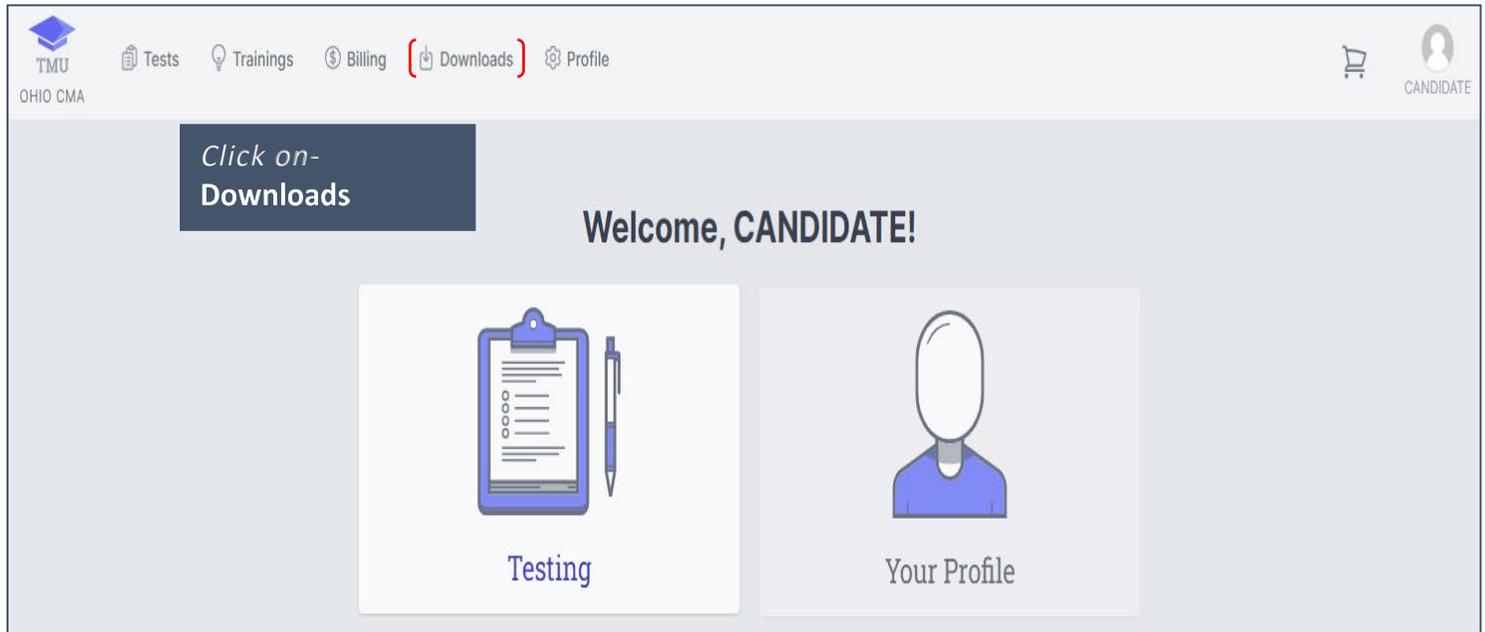
TESTING POLICIES

The following policies are observed at each test site—

- Make sure you have signed in to your TMU© record at <http://om.tmutest.com> before your exam date to update your password and complete/review your demographic information. Refer to the '**Completing your Record in TMU©**' section of this handbook for instructions and information.
 - If you have not signed in and completed/reviewed your TMU© record when you arrive for your exam, you may not be admitted to the exam and any exam fees paid **will NOT be refunded**.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20-30 minutes before your scheduled start time – if your exam start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam, considered a No Show, and any exam fees paid *will NOT be refunded*.
 - If you are scheduled into a virtual knowledge exam, please see procedures/policies under '**Virtual Knowledge Exam Option**' in the Knowledge Exam section.
- If you do not bring valid and appropriate US government issued, non-expired, signed photo ID, you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
 - If the FIRST and LAST printed names on your ID do not match your current name of record, you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
- If you do not wear full clinical scrubs and the appropriate clinical shoes and conform to all testing policies, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees to schedule another exam date.
- **ELECTRONIC DEVICES AND PERSONAL ITEMS:** Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as water bottles, purses, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices and you are to collect these items when you complete your exam(s).
 - All electronic devices must be **turned off**. Smart watches, fitness monitors and Bluetooth-connected devices must be removed from your wrist/body.

- You are not allowed to have coats or hooded apparel covering your head during testing in the testing rooms.
 - *Candidates with long hair will be asked to pull their hair back to ensure that there is not any Bluetooth device present.*
- Anyone caught using any type of electronic recording device or navigating to other browsers during testing will be removed from the testing room(s), have their exam scored as a failed attempt, forfeit all testing fees and will be reported to their training program and the Ohio Board of Nursing (OBON). You will not be allowed to retest without clearance from the OBON.
- You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have during your free time in the waiting area.
- Translation dictionaries (either paper format or electronic), translating devices or non-approved language translators ***are not allowed.***
- You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun ***for any reason.*** If you do leave during your test event, you will not be allowed back into the testing room(s) to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt, you will forfeit all testing fees paid and you will be reported to your training program and the Ohio Board of Nursing (OBON).
- No visitors, guests, pets (including companion animals) or children are allowed.
 - *Service animals with an approved ADA accommodation in place are allowed.*
- D&SDT-HEADMASTER, test sites, RN Test Observers, Actors, and Knowledge Test Proctors are not responsible for candidate personal belongings at the test site.
- ***Please review this Ohio Medication Aide Candidate Handbook before your test day for any updates to testing and/or policies.***
- The Candidate Handbook can also be accessed within your TMU© record under your 'Downloads' tab.

Instructions to Access Documents under the 'Downloads' tab in your TMU© Record



Time Frame for Testing from Training Program Completion

You must schedule a test within sixty (60) days of your training program completion. If you fail a component, **you will have six (6) months from your testing date to complete your second attempt.**

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program where you trained has already scheduled your test. Regional test seats are open to all candidates. Regional test dates are posted on the Ohio MA-C calendar in TMU© at <https://om.tmutest.com>. You can view a more detailed calendar by signing in to your TMU© record.

If you do not see an available test date, or have any questions regarding your test scheduling, call D&SDT-HEADMASTER at (877)851-2355, Monday through Friday 8:00 AM to 8:00 PM Eastern Standard time.

Unforeseen Circumstances Policy

If an exam date is cancelled due to an unforeseen circumstance, D&SDT-HEADMASTER staff will make every effort to contact you using the contact information (phone number/email) we have on file to reschedule you, for no charge, to a mutually agreed upon new exam date.

Therefore, you must keep your contact information up to date in case we need to contact you (**see examples below for reasons we may not be able to contact you that you are responsible for.*)

If D&SDT-HEADMASTER is unable to reach you via phone call or email with the information in your record (**see examples below*) in the event of an unforeseen circumstance for a test event you are scheduled in to, you will be taken out of the test event and D&SDT-HEADMASTER will not reschedule you until we hear back from you.

NOTE: The *examples listed below are your responsibility to check and/or keep updated.

- If D&SDT-HEADMASTER leaves you a message or emails you at the phone number or email in your record and:
 - you do not call us back in a timely manner
 - your phone number is disconnected/mail box is full
 - you do not check your messages in a timely manner
 - you do not check your email or reply to our email in a timely manner
 - your email is invalid or you are unable to access your email for any reason

INCLEMENT WEATHER POLICY

In the event of inclement weather, you will be expected to attend your schedule exam date unless:

- The county you reside in or the county of the testing site is placed on a weather or other emergency.
 - LEVEL 2 SNOW EMERGENCY: Roadways are hazardous with blowing and drifting snow. Roads may also be very icy. Only those who feel it is necessary to drive should be out on the roads. Motorists should use extreme caution.
 - LEVEL 3 SNOW EMERGENCY: All roadways are closed to non-emergency personnel. No one should be driving during these conditions unless it is absolutely necessary to travel or a personal emergency exists. Those traveling on the roads may subject themselves to arrest.
- The test site closes.
- The test proctor cancels the test event.
- There is an accident due to weather or other cause on your route to the test site, in which case:
 - Documentation from the Department of Transportation Services or a Police report is required within 3 business days of your scheduled exam day to qualify for a free reschedule.

If the above listed circumstances are not met, failure to attend your scheduled test date will result in a NO SHOW status and any exam fees paid *will NOT be refunded*.

Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your exam will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to your training program and to the Ohio Board of Nursing (OBON). You will not be allowed to retest without clearance from the OBON.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to their training program and the OBON and is subject to prosecution to the full extent of the law. Your exam will be scored as a failed attempt and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You will need to obtain permission from the OBON in order to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, etc. or navigating to other browsers/sites during your exam), your exam will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to your training program and OBON and you may need to obtain permission from the OBON in order to be eligible to test again.

Reschedules

All candidates may reschedule for free online by signing in to their TMU© account at <https://om.tmutest.com> any time up until **one (1) business day** before a scheduled test day, excluding Saturdays, Sundays and Holidays.

- **Example:** If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business (*D&SDT-HEADMASTER is open until 8:00PM Eastern Standard time, Monday-Friday excluding Holidays*) the Thursday before your scheduled exam.

Scheduled test date is on a:	Reschedule by D&SDT-HEADMASTER’s close of business on:
Monday	The previous Thursday
Tuesday	The previous Friday
Wednesday	The previous Monday
Thursday	The previous Tuesday
Friday	The previous Wednesday
Saturday	The previous Thursday
Sunday	The previous Thursday

Please note: Reschedules will not be granted less than one (1) full business day prior to a scheduled test date.

Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Ohio Medication Aide certification exam at all.

SCHEDULED IN A TEST EVENT

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-HEADMASTER’s main webpage at www.hdmaster.com at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.

- **Example:** If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-HEADMASTER main webpage at www.hdmaster.com by close of business (*D&SDT-HEADMASTER is open until 8:00PM Eastern Standard time Monday-Friday excluding holidays*) the Thursday before your scheduled exam.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
 - 3) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT will not be issued.

NOT SCHEDULED IN A TEST EVENT

- 1) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT will not be issued.
- 2) A refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-HEADMASTER's main webpage at www.hdmaster.com. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.

No Shows

If you are scheduled for your exam and do not show up without notifying D&SDT-HEADMASTER one (1) business day preceding your scheduled testing event, **excluding** Saturdays, Sundays and Holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-HEADMASTER costs incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received before the one (1) full business day prior to a scheduled test event, excluding Saturdays, Sundays and Holidays (see examples under Reschedules and Refund of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

NO SHOW EXCEPTIONS

Exceptions to the No Show status exist. If you are a No Show for any test component for any of the following reasons, test fees will be refunded or a free reschedule will be authorized to the remitter of record **with appropriate documentation provided within the required time frame**.

- **Car breakdown or accident:** D&SDT-HEADMASTER must be contacted within one business day via phone call, fax or email and a tow bill, police report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.

Ohio Medication Aide-Certified (MA-C) Candidate Handbook

- **Weather or road condition related issue:** D&SDT-HEADMASTER must be contacted within one business day via phone call, fax or email and a road report, weather report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Medical emergency or illness:** D&SDT-HEADMASTER must be contacted within one business day via phone call, fax or email and a doctor’s note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Death in the family:** D&SDT-HEADMASTER must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family includes parent, grand and great-grand parent, sibling, children, spouse or significant other.)
- **Virtual testing issues:** D&SDT-HEADMASTER must be contacted within one business day via phone call, fax or email and appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
 - **Internet outage or issue:** Documentation from Internet provider showing outage date and times.
 - **Computer or cell phone issue:** If computer or cell phone fail to work for any reason, documentation from a computer repair technician/shop or other appropriate documentation.

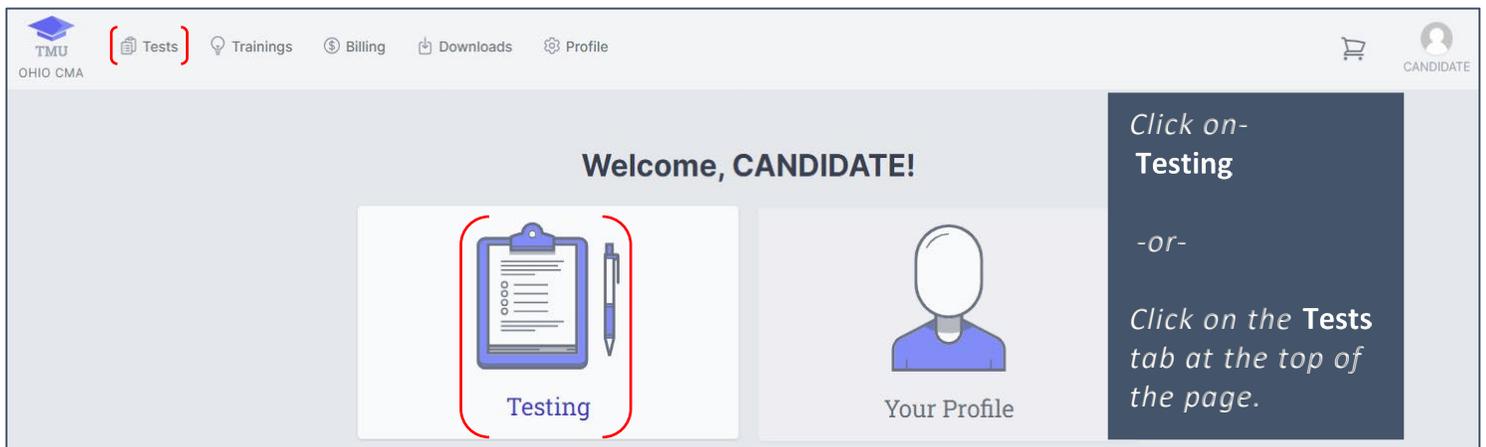
Test Results

After you have completed the Knowledge and Skill Exams, your exams will be officially scored and double checked. Official test results are available to you the day exams are scored after 8:00PM EST. You will be able to access your test results online in your TMU© record at <https://om.tmutest.com>.

Note: D&SDT-HEADMASTER does not send postal mail test result letters to candidates.

CHECKING TEST RESULTS ON-LINE

To view your test results, sign in to your record in TMU© at <https://om.tmutest.com>.



Ohio Medication Aide-Certified (MA-C) Candidate Handbook

TMU Ohio CMA

Tests Trainings Billing Downloads Profile

Home > Tests

Your Tests

Scheduling

EXAM	REASON
Medication Aide Knowledge Not Eligible	Payment Required
Medication Aide Skill Not Eligible	Payment Required

Add Selected Items to Cart

Testing History

TEST DATE	EXAM	TEST SITE	STATUS	Details	Print Test Results
10/19/2023 1:00 PM EDT	Medication Aide Knowledge	COMPANIONS CERTIFIED MEDICATION AIDE TRAINING PROGRAM (TS) ASHLAND, OH	Failed	Details	Print Test Results
10/19/2023 1:00 PM EDT	Medication Aide Skill	COMPANIONS CERTIFIED MEDICATION AIDE TRAINING PROGRAM (TS) ASHLAND, OH	Failed	Details	Print Test Results

Click on – Details to view your results.
Click on - Print Test Results to print your results.

Sample test results letter:

← Back Print

HEADMASTER, LLP
P.O. BOX 6609, HELENA, MT 59604-6609
800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM
OHIO CMA MEDICATION AIDE EXAM RESULTS REPORT

IMPORTANT TEST RESULTS
TEST DATE: Thursday, October 19, 2023

Dear

You have **failed** the knowledge portion of the Medication Aide exam.
Your overall knowledge test score is 74%.
You must have an overall score of **80%** or better to pass.
You have **failed** the skill portion of the Medication Aide exam.
80% or better on each skill task without missing any **Key Steps** to pass the skills test.
A passing score **does not** imply certification. You must verify on the registry.
Any weaknesses indicated in your test results are listed below:

Knowledge Exam Results By Subject Area		Skill Exam Incomplete Steps	
Six Rights of Medication Administration	100%	Nasal Spray /Tablet Medication Administration	Pours the correct number of tablets into...
Medication Effects	60%		Does not touch the medication.
Allowable Routes	50%		Has the resident blow their nose.
Regulation of Controlled Substances	100%		Puts on glove(s).
Medication Administration	60%		Tilts the resident's head back.
Documentation	100%		Instructs the resident to hold head back...
Error Reporting	100%		Administers one spray in the resident's...
Role/Responsibilities	75%		Medication(s) selected support the five...
Terminology	75%		Medication(s) administered support the f...
State Regulations	50%		Documents administration on the MAR for...
			Oral Liquid / Ear Drops Medication Administration
			Lowers the head of the bed.

Manual Skill Task(s) Failed: Nasal Spray /Tablet Medication Administration
Vocabulary words to study: medication administration, dermatological medication, ophthalmic medications, adverse reaction, role & responsibility, antimicrobials, authorized duties, nitrofurantoin (Furadantine), medication administration, effects of medications, oxygen, administration protocols, medication administration

Test Attempts

You have **two (2) attempts** to pass the knowledge and skill test portions of the exam. You must schedule a test within sixty (60) days of your training program completion. In the event that you fail a component of the exam, you will have six (6) months from your testing date to complete your second attempt. If you fail either component of your exam two times, or you do not complete your two-attempt testing cycle within the time frame required, you must complete a new OBON approved MA-C training program in order to become eligible to further attempt Ohio Medication Aide certification examinations.

Ohio Medication Aide-Certified (MA-C) Certification

After you have successfully passed both the Knowledge Test and Skill Test components of the medication aide exam, your test results will be sent electronically to the Ohio Board of Nursing by D&SDT-HEADMASTER.

The Ohio Board of Nursing regulates the certification of medication aides in Ohio.

You may contact the Ohio Board of Nursing to inquire about the certification process, your certification status as a medication aide-certified (MA-C) or any questions you may have regarding lapsed certification. The Ohio Board of Nursing phone number is (614) 466-6966, and their website is-

<https://nursing.ohio.gov/licensing-certification-ce/medication-aides/>.

Retaking the Medication Aide Exam

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination and when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule an exam date.

You can schedule a test or re-test online by signing in to your TMU© record at <https://om.tmutest.com>. (See screen shots under the **'Schedule/Reschedule into a Test Event'** section for rescheduling instructions.)

You will need to pay with a Visa, Master Card or debit card before you are able to schedule.

If you need assistance scheduling your re-test, please call D&SDT-HEADMASTER at (877) 851-2355 during regular business hours 8:00AM to 8:00PM Monday through Friday, EST, excluding Holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee that has to be paid before a form test review can begin.** To request a review, you must submit the PDF fillable [Test Review Request and Payment Form 1403](#) available on D&SDT-HEADMASTER's main webpage at www.hdmaster.com (before you get to the GXMO webpage). Submit the Test Review Fee of \$25 (MasterCard, Visa or debit card) and a detailed explanation of why you feel your dispute is valid (upload with Form 1403) via the PDF fillable Test Review Request and Payment Form 1403 **within three (3) business days** from official scoring of your exam (excluding Saturdays, Sundays and Holidays). Late requests will be returned and will not be considered.

PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-HEADMASTER at (877) 851-2355 during regular business hours, Monday through Friday, 8:00AM to 8:00PM EST, excluding Holidays, and discuss the exam outcome you are questioning before committing to sending the \$25 test review request deposit fee. Many times, once you have further details about the scoring of your exam, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-HEADMASTER staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

Since one qualification for certification as a medication aide in Ohio is demonstration by examination of minimum medication aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&SDT-HEADMASTER will pay for your re-test fee and refund your review fee. D&SDT-HEADMASTER will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). D&SDT-HEADMASTER cannot discuss test results or test reviews with a candidate's training program/instructor. After a candidate reaches the age of 18, D&SDT-HEADMASTER will only discuss test results or test disputes with the candidate. D&SDT-HEADMASTER will not review test results or disputes with family members or anyone else on behalf of the candidate once the candidate is 18 years of age. D&SDT-HEADMASTER will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address of record and to the Ohio Board of Nursing.

The Knowledge Exam

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of sixty (60) minutes to complete the 50 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?")

You must have a score of 80% or better to pass the knowledge portion of the exam.

Electronic testing in TMU©, using internet connected devices, is utilized at the Medication Aide test sites in Ohio. The Knowledge Exam will be displayed on a screen for you to read and key/click/tap in your answers.

NOTE: You will need your TMU© Username or Email and Password to sign in to your knowledge exam. Please see the information under '**Completing your Record in TMU©**' to sign in to your record in TMU©.

- *The Knowledge Test Proctor will provide you a code at the test event to start your exam.*

Translation dictionaries (either paper format or electronic), translating devices or non-approved language translators **are not allowed.**

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to their training program and the Ohio Board of Nursing.

Virtual Knowledge Exam Option

You will have the option to take the knowledge exam virtually.

VIRTUAL KNOWLEDGE EXAM CANDIDATE REQUIREMENTS

Candidates must have:

- An updated version of Google Chrome as your Internet browser.
 - **Internet Explorer is not supported by TMU©.**
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge exam.
- **Your Email or Username and Password to take the virtual TMU© Knowledge exam.**
- A smartphone to access the ‘video conferencing app’ (example: Zoom) that you will need to have downloaded.
 - D&SDT-HEADMASTER will provide you information of the ‘video conferencing app’ (example: Zoom) you will need before test day.
 - The night before your scheduled virtual knowledge exam, D&SDT-HEADMASTER will email you a reminder with the password protected link to join the test event.
- A distraction and interruption free area of your home, etc., where you will be testing.

VIRTUAL KNOWLEDGE EXAM INSTRUCTIONS

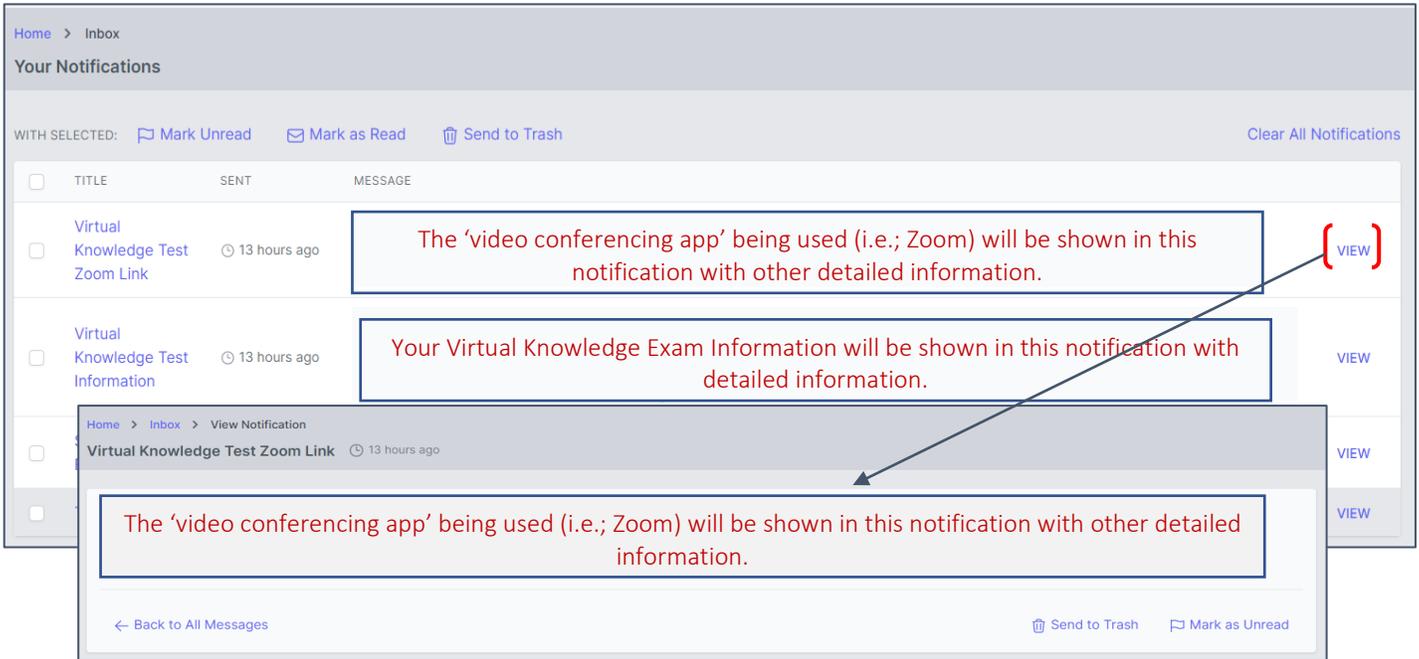
It is important that you read the Virtual Knowledge Exams Instructions before you sign in to the virtual waiting room to take your virtual exam available anytime from the link under the ‘Downloads’ tab in your TMU© record. Please see the **‘Instructions to Access Documents in the ‘Downloads’ Tab of your TMU© Record’** section.

SCHEDULING A VIRTUAL KNOWLEDGE EXAM

You will need to sign in to your TMU© record using your Username or Email and Password and follow the instructions to **‘Schedule/Reschedule into a Test Event’**. Please make sure you have met the **‘Virtual Knowledge Exam Candidate Requirements’** listed above before scheduling a virtual knowledge exam.

- The test site location for a virtual knowledge exam will be **‘Virtual Knowledge Test Site’**.
- Once scheduled, a test confirmation will be sent via email and/or text message and a notification will be generated in your record for you to view (see the ‘Schedule/Reschedule into a Test Event’ and the ‘Test Confirmation Letter’ section for information to access your test confirmation.)
- Instructions and the link to download the ‘video conferencing app’ (example: Zoom), including the meeting ID and Password for the virtual knowledge event you are scheduled for will be emailed to you.
 - Remember to also check your ‘NOTIFICATIONS’ under your profile pic in your TMU© record for this information. **Please refer to the ‘Checking/Viewing your Notifications’ section.**

See screenshots below showing examples of what a notification regarding your virtual knowledge exam will entail on the next page:



VIRTUAL KNOWLEDGE EXAM SIGN-IN

You are required to be signed in to the virtual link for the sign in process with the test proctor **prior (10-20 minutes)** to the start time listed on your test confirmation. If you are not signed into the virtual waiting room link prior (**at least 10 minutes**) to the time listed on your test confirmation, you will not be allowed to test, considered a No Show and forfeit your testing fees paid and have to pay for another test date.

- You will need to show your mandatory identification to the test proctor at sign in before starting your virtual knowledge exam. Please see the **'Identification'** section for specifics.
- You will be required to show your surroundings to the test proctor during sign-in before starting your virtual knowledge exam.
- Translation dictionaries (either paper format or electronic), translating devices or non-approved language translators **are not allowed**.

VIRTUAL KNOWLEDGE EXAM POLICIES

All **'Testing Policies'** and **'Security'** measures are adhered to during the virtual knowledge exam. Please refer to those sections for information.

- The 'video conferencing app' (example: Zoom) link must be maintained during the entire knowledge exam.
- **If the 'video conferencing app' (example; Zoom, etc.) connection is lost, you must immediately reconnect or be subject to your exam will be stopped, you will forfeit all testing fees, and will have your test scored as a failed test attempt.**
- Your device **must not be muted during testing** so that the RN Test Observer can hear if there are any distractions or other interruptions during your exam.

REMEMBER: You need to test in a distraction and interruption free area just like you would if you were sitting in the knowledge test room at a test site.

- The virtual testing environment is secure and all testing and security policies stated in this Ohio MA-C Candidate Handbook will be followed.
- Please see virtual knowledge test issues information under the **‘No Show Exceptions’** section.

Please call D&SDT-HEADMASTER at (877)851-2355 if you have any questions, concerns or need assistance scheduling into a virtual knowledge exam.

Knowledge Exam Content

The Knowledge Exam consists of 50 multiple-choice questions. Questions are selected from subject areas based on the OBON approved Ohio Medication Aide (MA-C) test plan. The subject areas and number of items from each area are as follows:

Subject Areas	# of Questions
Allowable Routes	2
Documentation	2
Error Reporting	2
Medication Administration	10
Medication Effects	10

Subject Areas	# of Questions
Regulation of Controlled Substances	4
Role and Responsibility	8
Six Rights of Medication Administration	6
State Regulations	2
Terminology	4

Sample Questions

Candidates may also purchase complete medication aide practice tests that are randomly generated. A mastery learning method is used and each practice test taken will be unique. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available at www.hdmaster.com.

The following are a sample of the kinds of questions that you will find on the Knowledge test.

- 1. The medication aide cannot have access to:**
 - a. drug reference materials and dictionaries
 - b. keys to a medication cart where schedule II controlled substances are stored
 - c. the resident’s record
 - d. a copy of their medication skills checklist

- 2. If a resident refuses to take the medication you bring to them, you should**
 - a. make a mental note and plan to come back and try again later
 - b. try to get the resident to take their medication anyway
 - c. leave the medication on the resident's bedside stand and instruct them to take it later
 - d. document the refusal and report it to the nurse

ANSWERS: 1-B 2-D

The Manual Skill Test

The purpose of the Skill Test is to evaluate your performance when demonstrating Ohio approved medication aide skill tasks. You will find a complete list of skill tasks in this handbook.

- You will be shown the relaxation area and where to place your personal belongings.
- You will be asked to re-present your ID that you showed the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Two (2) medication administration tasks will be randomly selected from the list of skill tasks for you to perform as your skill test.
- Each of your randomly selected tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- After hearing a scenario, you will open and use the MAR to determine what medications to obtain from the locked medication box or locked controlled substance file box.
 - *You will administer the medications obtained to a live resident actor.*
- You will be allowed a maximum of **twenty-five (25) minutes** to complete the two medication administration tasks. After 10 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and **80%** of all non-key steps on all medication administrations assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, say so.
 - *You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.*
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted twenty-five (25) minutes or until you tell the RN Test Observer you are finished with the Skill Test.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each task are the steps required for a medication aide candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. You will be scored only on the steps listed. If you fail a single task, you will have to take another skill test with two tasks on it. The skill tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete.

The RN Test Observer will observe your demonstrations of your medication administration tasks and record what they see you do. D&SDT-HEADMASTER scoring teams will officially score and double check your test.

Please note: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Ohio medication aide skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

Task 1: Ear Drops / Tablet Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Unlocks medication cart.
- 4) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining correct medication from the medication cart.**
- 6) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 7) Opens container or pops medication from bubble pack.
- 8) Does not contaminate the lid, if applicable.
- 9) Puts correct number of tablets into the medication cup.
- 10) Does not touch the medication.
- 11) Replaces lid, if applicable.
- 12) Replaces all unused medication back in the medication cart.
- 13) Locks medication cart and closes the MAR.
- 14) Greets the resident and introduces self as a Medication Aide.
- 15) Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
- 16) Explains the procedure.
- 17) Verbalizes privacy as privacy is provided.
- 18) Gives resident a glass of water and assists the resident to take the medication from the medication cup.
- 19) Lowers the head of the bed.
- 20) Shakes medication before use.
- 21) Head is turned toward the correct side with the correct ear upward.
- 22) Holds external ear flap and pulls up and back.
- 23) Instills the correct number of drops of medication into the correct ear.**
- 24) Ensures that the dropper tip does not touch inside of ear canal.
- 25) Instructs resident to not move their head for a few minutes.
- 26) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 27) Medication(s) administered support the five rights (drug, time, dose, resident and route).**
- 28) Returns medication to the medication cart and locks the medication cart.

29) Documents administration on the MAR for the correct day.

- 30) Closes MAR.
- 31) Maintains interpersonal communications with resident during administration.
- 32) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
- 33) Uses hand sanitizer to clean hands.

Task 2: Eye Drops / Tablet Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Unlocks medication cart.
- 4) Obtains the correct medications from the medication cart.
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 6) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
- 7) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 8) Medications selected are for the correct time.**
- 9) Medications selected are for the correct routes.**
- 10) Opens container.
- 11) Does not contaminate the lid.
- 12) Puts correct number of tablets into the medication cup without touching the medication.
- 13) Locks medication cart and closes the MAR.
- 14) Greets the resident and introduces self as a Medication Aide.
- 15) Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
- 16) Explains the procedure.
- 17) Verbalizes privacy as privacy is provided.
- 18) Gives resident a glass of water and assists the resident to take the medication from the medication cup.
- 19) Gently tilts resident's head back with chin up.
- 20) Pulls down on lower eyelid of the correct eye, making a pocket.
- 21) Asks resident to look up toward forehead.
- 22) Instills correct number of drops of medication into the pocket.**
- 23) Ensures the dropper tip does not touch eye.**
- 24) Uses tissue to remove any excess fluid from around the eye.
- 25) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 26) Medication(s) administered support the five rights (drug, time, dose, resident and route).**
- 27) Returns medication to the medication cart and locks the medication cart.
- 28) Documents administration on the MAR for the correct day.**
- 29) Closes MAR.
- 30) Maintains interpersonal communications with resident during administration.
- 31) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
- 32) Uses hand sanitizer to clean hands.

Task 3: Nasal Spray / Tablet Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Unlocks medication cart.
- 4) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
- 6) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 7) Opens container, or pops medication from bubble pack.
- 8) Does not contaminate the lid, if applicable.
- 9) Pours the correct number of tablets into the medication cup without touching the medication.**
- 10) Replaces lid, if applicable.
- 11) Replaces all unused medication back in the medication cart.
- 12) Locks medication cart and closes the MAR.
- 13) Greets the resident and introduces self as a Medication Aide.
- 14) Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
- 15) Explains the procedure.
- 16) Verbalizes privacy as privacy is provided.
- 17) Gives resident a glass of water and assists the resident to take the medication from the medication cup.
- 18) Has resident blow their nose.
- 19) Tilts resident's head back.
- 20) Instructs resident to hold head back.
- 21) Administers correct number of sprays of medication in the correct nostril only.
- 22) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 23) Medication(s) administered support the five rights (drug, time, dose, resident and route).**
- 24) Returns medication to the medication cart and locks the medication cart.
- 25) Documents administration on the MAR for the correct day.**
- 26) Closes MAR.
- 27) Maintains interpersonal communications during administration.
- 28) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
- 29) Uses hand sanitizer to clean hands.

Task 4: Oral Capsule Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Unlocks medication cart.
- 4) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
- 6) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 7) Opens first container, or pops medication from bubble pack.
- 8) Does not contaminate the lid, if applicable.

- 9) Puts correct number of capsules into the medication cup.
- 10) Does not touch the medication.
- 11) Opens the second container, or pops medication from bubble pack.
- 12) Does not contaminate lid, if applicable.
- 13) Puts correct number of capsules into the medication cup.
- 14) Does not touch the medication.
- 15) Replaces lid(s) on medication bottles, if applicable.
- 16) Returns unused medication to the medication cart.
- 17) Locks medication cart and closes the MAR.
- 18) Greets the resident and introduces self as a Medication Aide.
- 19) Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
- 20) Explains the procedure.
- 21) Verbalizes privacy as privacy is provided.
- 22) Gives resident a glass of water and assists the resident to take the medication one capsule at a time.
- 23) Stays with resident until the medication has been swallowed.
- 24) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 25) Medication(s) administered support the five rights (drug, time, dose, resident and route).**
- 26) Documents administration on the MAR on the correct day.**
- 27) Closes MAR.
- 28) Maintains interpersonal communications during administration.
- 29) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
- 30) Uses hand sanitizer to clean hands.

Task 5: Oral Liquid / Ear Drops Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Unlocks medication cart.
- 4) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
- 6) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 7) Opens container.
- 8) Does not contaminate the lid.
- 9) Sets medication cup on a level surface.
- 10) Pours the correct amount of medication into the medication cup.**
- 11) Checks for the correct amount of medication at eye level.
- 12) Replaces lid.
- 13) Returns unused medication to the medication cart.
- 14) Locks medication cart and closes the MAR.
- 15) Greets the resident and introduces self as a Medication Aide.
- 16) Verbalizes right resident while using an appropriate method of identification, i.e.; picture, wrist band, or facility appropriate method of identification.**
- 17) Explains the procedure.
- 18) Verbalizes privacy as privacy is provided.

- 19) Assists resident to take the liquid medication.
- 20) Lowers the head of the bed.
- 21) Assists resident to turn head to correct side with correct ear upward.
- 22) Holds external ear flap and pulls up and back.
- 23) Instills the correct number of drops of medication into the ear.**
- 24) Ensures that the dropper tip does not touch the inside of the ear canal.
- 25) Instructs the resident to not move their head for a few minutes.
- 26) Returns the medication to the medication cart.
- 27) Locks the medication cart.
- 28) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 29) Medication(s) administered support the five rights (drug, time, dose, resident and route).**
- 30) Documents administration on the MAR on the correct day.**
- 31) Closes MAR.
- 32) Maintains interpersonal communications with the resident during administration.
- 33) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
- 34) Uses hand sanitizer to clean hands.

Task 6: Oral Liquid / Topical Ointment Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Unlocks medication cart.
- 4) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
- 6) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 7) Opens liquid medication container.
- 8) Does not contaminate lid.
- 9) Sets medication cup on a level surface.
- 10) Pours the correct amount of medication into the medication cup.**
- 11) Replaces lid.
- 12) Checks for correct amount of medication in the medication cup at eye level.
- 13) Returns unused medication to the medication cart.
- 14) Locks medication cart and closes the MAR.
- 15) Greets the resident and introduces self as a Medication Aide.
- 16) Verbalizes the right resident while using an appropriate method of identification, i.e.; picture, wrist band or facility appropriate method of identification.**
- 17) Explains the procedure.
- 18) Verbalizes privacy as privacy is provided.
- 19) Assists resident to take the medication from the medication cup.
- 20) Inspects the resident's correct forearm skin area where the medication is to be applied.
- 21) Puts on at least one glove.
- 22) Opens container.
- 23) Does not contaminate lid.
- 24) Applies ointment with gloved hand to resident's correct forearm.
- 25) Spreads the ointment to cover the entire area that is to be treated.

- 26) Replaces ointment lid.
- 27) Removes glove(s) turning inside out.
- 28) Discards glove(s) in the appropriate container.
- 29) Uses hand sanitizer to clean hands.
- 30) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 31) Medication(s) administered support the five rights (drug, time, dose, resident and route).**
- 32) Returns ointment back to the medication cart.
- 33) Locks the medication cart.
- 34) Documents administration on the MAR on the correct day.**
- 35) Closes MAR.
- 36) Maintains interpersonal communications with the resident during administration.
- 37) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
- 38) Uses hand sanitizer to clean hands.

Task 7: Oral Tablet / Eye Drop Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Unlocks medication cart.
- 4) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
- 6) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 7) Greets resident and identifies self as a Medication Aide.
- 8) Verbalizes the right resident while using an appropriate method of identification, i.e.; picture, wrist band or facility appropriate method of identification.**
- 9) Explains the procedure.
- 10) Verbalizes privacy as privacy is provided.
- 11) Listens to the apical heart rate for 60 seconds with a teaching stethoscope.
- 12) Records apical heart rate on the MAR.
- 13) Recorded heart rate is within 5 beats of the RN Test Observer's recorded heart rate.**
- 14) Verbalizes whether or not to proceed with the medication administration based upon the heart rate obtained.**
- 15) If proceeds, obtains the correct medication(s) from the medication cart.
- 16) If proceeds with administration, opens the container or pops from the bubble pack.
- 17) If proceeds, does not contaminate lid, if applicable.
- 18) If proceeds with administration, puts correct number of tablet(s) in the medication cup.
- 19) If proceeds with administration, does not touch the medication.
- 20) Locks medication cart and closes the MAR.
- 21) If proceeds with administration, gives resident a glass of water.
- 22) If proceeds with administration, assists the resident to take the medication from the medication cup.
- 23) Gently tilts resident's head back with chin up.
- 24) Pulls down on lower eyelid of the correct eye, making a pocket.
- 25) Asks the resident to look up toward forehead.
- 26) Instills the correct number of drops of medication into the pocket.**
- 27) Ensures that the dropper tip does not touch eye.

- 28) Uses tissue to remove any excess fluid from around the eye.
- 29) Returns eye dropper bottle to the medication cart.
- 30) Locks the medication cart.
- 31) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 32) Medication(s) administered support the five rights (drug, time, dose, resident and route).**
- 33) Documents administration on the MAR on the correct day.**
- 34) Closes MAR.
- 35) Maintains interpersonal communications during administration.
- 36) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
- 37) Uses hand sanitizer to clean hands.

Task 8: Topical Ointment / Oral Capsule Medication Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Unlocks the medication cart.
- 4) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
- 6) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 7) Opens container or pops medication from the bubble pack.
- 8) Does not contaminate lid, if applicable.
- 9) Puts correct number of capsules in medication cup.
- 10) Does not touch the medication.
- 11) Returns unused medication to the medication cart.
- 12) Locks the medication cart and closes the MAR.
- 13) Greets the resident and introduces self as a Medication Aide.
- 14) Verbalizes the right resident while using an appropriate method of identification, i.e.; picture, wrist band or facility appropriate method of identification.**
- 15) Explains the procedure.
- 16) Verbalizes privacy as privacy is provided.
- 17) Gives resident a glass of water and assists resident to take the medication from the medication cup.
- 18) Inspects the resident's correct forearm skin area where the medication is to be applied.
- 19) Puts on at least one glove.
- 20) Opens container.
- 21) Does not contaminate lid.
- 22) Applies ointment with gloved hand to resident's correct forearm.
- 23) Spreads the ointment to cover the entire area that is to be treated.
- 24) Replaces lid.
- 25) Removes glove(s) turning inside out.
- 26) Discards glove(s) in an appropriate container.
- 27) Uses hand sanitizer to clean hands.
- 28) Returns ointment tube to the medication cart.
- 29) Locks the medication cart.
- 30) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 31) Medication(s) administered support the five rights (drug, time, dose, resident and route).**

32) Documents administration on the MAR on the correct day.

- 33) Closes MAR.
- 34) Maintains interpersonal communications during administration.
- 35) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.
- 36) Uses hand sanitizer to clean hands.

Task 9: Topical Spray Medication / Unit Dose Administration

- 1) Uses hand sanitizer to clean hands.
- 2) Opens MAR.
- 3) Verbally identifies all five rights (drug, time, dose, resident and route) to the correct resident's MAR.**
- 4) Verbally identifies all five rights (drug, time, dose, resident and route) while obtaining the correct medication from the medication cart.**
- 5) Verbally identifies all five rights (drug, time, dose, resident and route) while comparing each drug label to the correct resident's MAR.**
- 6) Greets resident and introduces self as a Medication Aide.
- 7) Verbalizes the right resident while using an appropriate method of identification, i.e.; picture, wrist band or facility appropriate method of identification.**
- 8) Explains the procedure.
- 9) Verbalizes privacy as privacy is provided.
- 10) Listens to the apical heart rate for 60 seconds with a teaching stethoscope.
- 11) Records apical heart rate on the MAR.
- 12) Recorded heart rate is within 5 beats of the RN Test Observer's recorded heart rate.**
- 13) Verbalizes whether or not to proceed with the medication administration based upon the heart rate obtained.**
- 14) Administers the medication, if heart rate at an appropriate level.**
- 15) Unlocks the medication cart.
- 16) If proceeds with administration, opens the container or pops from the bubble pack.
- 17) If proceeds with administration, does not contaminate lid, if applicable.
- 18) If proceeds with administration, puts correct amount of medication in the medication cup.
- 19) If proceeds with administration, does not touch the medication.
- 20) If proceeds with administration, replaces lid, if applicable.
- 21) Returns unused medication(s) to the medication cart.
- 22) Locks medication cart and closes the MAR.
- 23) If proceeds with administration, gives resident a glass of water.
- 24) If proceeds with administration, assists the resident to take the medication from the medication cup.
- 25) Puts on at least one glove.
- 26) Inspects resident's right forearm skin area where medication is to be applied.
- 27) Instructs resident to turn face away while spraying.
- 28) Spray the correct amount of medication on the resident's right forearm.
- 29) Removes glove(s) turning inside out.
- 30) Discards glove(s) in an appropriate container.
- 31) Uses hand sanitizer to clean hands.
- 32) Returns spray bottle to the medication cart.
- 33) Locks medication cart.
- 34) Medication(s) selected support the five rights (drug, time, dose, resident and route).**
- 35) Medication(s) administered support the five rights (drug, time, dose, resident and route).**

36) Documents administration on the MAR on the correct day.

37) Closes MAR.

38) Maintains interpersonal communications with resident during administration.

39) Places call light within reach, or verbalizes verification of call light for wrist/necklace call devices.

40) Uses hand sanitizer to clean hands.

Knowledge Exam Vocabulary List

911	antimicrobials	confidentiality
abbreviation	antineoplastics	confusion
absorption	antipruritic	congestive heart failure
abuse	antipsychotic	constipation
ac	antipsychotic medication	continuing education
acetaminophen	antiseizure medications	contraindicated
acid	antitussives	controlled medications
administering medication	aorta	controlled substance
administration	apical heart rate	corticosteroids
administration protocols	arthritis	Coumadin
adverse effect	aspiration	countable substances
adverse reaction	aspirin	crushing medications
Advil	asthma	cumulative effect
aging	Ativan	current information
Albuterol	authorized duties	decongestant
alendronate (Fosamax)	authorized duty	dehydration
allowable routes	bacterial infections	delegation
Alzheimer's disease	benzodiazepines	Depakote
aminoglycoside	BID	depression
analgesic	black box warnings	dermatological medication
analgesics	blood pressure	detoxifier
anaphylaxis	body systems	diabetes
Angina pectoris	brain	diabetes mellitus
antacids	broad-spectrum antibiotics	diabetic medications
anti-anxiety	bronchodilators	dietary supplements
anti-anxiety medications	burn prevention	digoxin
anti-depressants	BuSpar	digoxin (Lanoxin)
antianginals	cardiac	Dilantin
antiarrhythmics	cardiovascular drugs	disciplinary action
antiarthritics	carisoprodol	discontinued medication
antibiotic	catapres (clonidine)	diuretic
anticholinergic	cecum	diuretic medications
anticholinergics	central nervous system	diverticulitis
anticoagulant	chain of command	documentation
anticonvulsant	changes of condition	documentation
anticonvulsants	cholesterol	dosage
antidepressant	Cipro	dosage calculation
antidote	Ciprofloxacin	drug absorption rate
antiemetic	circulation	drug abuse
antigout medications	classifications of medication	drug build-up
antihistamine	Clonidine	drug dependence
antihistamines	Colace	Drug Enforcement Agency
antihypertensives	communication	drug metabolism

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drug orders	hypoglycemia	medication effect
drug reference	hypokalemia	medication error
drug references	hypothyroidism	medication frequency
drugs	ibuprofen	medication interaction
Dulcolax	idiosyncratic reaction	medication inventory
dyspnea	infection control	medication order
dysrhythmia	infections	medication package
ear drops	inflammation	medication patches
edema	inhalants	medication refusal
effects of medications	inhalation medication	medication route
emphysema	inhaled medication	medication routes
enteric coatings	inhaler	medication storage
error reporting	insulin	medication strength
excretion	integumentary system	Metamucil
expiration date	iron supplements	missed dose
extended-release medication	lancets	morphine
extrapyramidal symptoms (EPS)	lanoxin (Digoxin)	muscle relaxants
eye drop drainage	Lasix	myocardial infarction
eye medication	laxative	Naprosyn
eye medications	laxatives	narcotics
fat soluble	levaquin	narrow-spectrum antibiotic
FDA requirement	Lipitor	needles
fever	liquid administration	nitrofurantoin (Furadantine)
Fosamax	liquid medication	Nitroglycerin
furosemide	lisinopril	nonsteroidal anti-inflammatory
gastric mucosa	lung diseases	NSAID
gastrointestinal/alimentary system	macromineral	NSAIDS
gingko biloba	macular degeneration	obtaining medications
glipizide (Glucotrol XL)	malpractice	Ohio Medication Aide
glucagon	measurement equivalents	ophthalmic
glucose	measuring device	ophthalmic medications
Glucotrol	medical terminology	optic
gout	medication administration	oral medication administration
haloperidol	medication administration documentation	oral medications
hand washing	medication administration record	oral preparations
herbal medications	medication aide role	osteoporosis
herbs	medication allergies	osteoporosis medications
HIPAA regulation	medication amount	otic
histamine	medication calculation	otic medication
hyperglycemia	medication categories	over-the-counter medication
hypertension		oxygen
		pain medication

parenteral	regulation	suppositories
Parkinson's disease	reporting	suspensions
patch medication	reporting changes	swallowing
pathogen	resident requests another pill	symptoms
pathogens	resident rights	synthroid
Paxil	resident's rights	syringes
pc	respirations	systolic
pediculicide	respiratory system	Tagamet
penicillin	revoked certificate	Tegretol
penicillinase	right dose	temperature
peristalsis	right drug	terminology
pharmacists	right medication	Tetracyclines
pharmacokinetics	right time	therapy
pharmacy label	rights of medication	topical medication
physiological effects	administration	topicals
placebo	role	toxic
pleurisy	role and responsibility	toxic effects
positioning	safety	Transderm-Nitro patches
potassium	safety checks	transdermal
prescription label	schedule II medication	transdermal patches
prescription refills	scheduled medication	Tylenol
priority	scheduled narcotic	types of orders
PRN	scope of practice	uncomfortable resident
prn medications	sedatives	universal/standard precautions
PRN order	seizures	uric acid
Proventil	sensory system	urinary system
Prozac	shock	vaginal dryness
psoriasis	side effects	vaginal medication
psychotropic medications	six rights of medication	vaginal medications
pulse	administration	violation of professional
pyorrhea	skin disorder	boundaries
qd	skin patches	vitamins
radial	skin rashes	warfarin
recent surgery	special instructions	warfarin (Coumadin)
recommended daily allowances (RDA)	State Board of Nursing	Xanax
rectal suppository	state regulation	Zantac
rectum	statins	zestril
reddened intact area	stroke	Zoloft
refuse medication	sublingual	
	supplements	

