

ARKANSAS STATE BOARD OF NURSING

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Arkansas Department of Health

Division of Healthcare Related
Boards & Commissions

MEDICATION ASSISTANT TRAINING CERTIFICATE NURSING PROGRAM VERIFICATION OF EQUIVALENCY FORM

GENERAL INFORMATION

In accordance with the Arkansas State Board of Nursing *Rules*, verification of successful completion of a portion of a nursing education program, equivalent to the medication assistant training course is required for an applicant to be eligible for certification. This verification must include date of required MA-C curriculum completion and be received in the Board office directly from the institution which provided the nursing program.

DIRECTIONS

This form must be completed by the nursing program director (authorized individual) **after** the applicant has completed the required MA-C curriculum. Please legibly print in blue or black ink, except where otherwise indicated. Submit this completed form to the Board at the address or fax number above.

Name of Applicant _____
First Middle Maiden Last

I hereby **APPROVE** the application submitted by the above-named applicant and verify that the applicant successfully completed a portion of a nursing program that included the required curriculum below:

- Legal and ethical issues of medication administration.
- Principles of medication properties, uses, and action.
- Principles of medication administration including safety, infection control, communication, and documentation skills.
- Appropriate reporting of changes in clients' condition.
- Supervised progressive clinical experience, under direct supervision of a clinical instructor.

I have referred the applicant to the ASBN *Rules*, Chapter 8 – Medication Assistant-Certified to understand the scope of work and Rules for a MA-C.

Name of Nursing Program

Street Address City State Zip Code

Signature of Program Director (Authorized Official) Title

Date Applicant Completed Requirements