



CHECKLIST FOR MEDICATION ASSISTANT-CERTIFIED (NURSING STUDENT)

DIRECTIONS

The following checklist is designed to assist you in submitting an application for Medication Assistant - Certified (MA-C). Complete each step before moving to the next step. Do not submit this checklist to the Arkansas State Board of Nursing (ASBN).

_____ Step one: Access the Arkansas State Board (ASBN) website and create an account in the Arkansas Nurse Portal. Click [HERE](#) to view video for instructions on [CREATION OF AN ARKANSAS NURSE PORTAL ACCOUNT](#).

_____ Step two: Download the Medication Assistant- Certified (Nursing Student) Verification Form and submit it to your Program Director. Access the following link for information during the State of Emergency.
<https://www.healthy.arkansas.gov/programs-services/topics/arsbn-covid-19>

_____ Step three: Nursing Program Director completes the Medication Assistant- Certified (Nursing Student) Verification Form and submits to ASBN.

ASBN notifies you through your Nurse Portal Account Message Center once the Medication Assistant-Certified (Nursing Student) Verification Form has been reviewed and approved. **DO NOT** submit an application before ASBN notifies you that you have been approved; if you do, it will result in a charged fee and the fee is nonrefundable.

_____ Step four: Sign in to your Nurse Portal Account and click the “Apply for License” button and choose and complete the Medication Assistant-Certified (MA-C) Initial Application.

Note: The instructions at the beginning of the Medication Assistant-Certified (MA-C) Initial Application are waived during the declared emergency.

MONITOR THE STATUS OF YOUR REQUEST THROUGH YOUR PORTAL ACCOUNT MESSAGE CENTER



MEDICATION ASSISTANT-CERTIFIED (NURSING STUDENT) VERIFICATION FORM

GENERAL INFORMATION

In accordance with the Executive Order 21-14 to declare a statewide public health emergency for the purpose of meeting and mitigating the impact of COVID-19 on the healthcare system of Arkansas, the Arkansas State Board of Nursing has implemented the following eligibility criteria for applying as a Medication Assistant-Certified (MA-C):

- Applicant must be enrolled in either a Practical Nurse (PN) or Registered Nurse (RN) program;
• Applicant must be in the final semester of the PN or RN nursing program; and
• Applicant must be in good standing.

The Medication Assistant-Certified exam will be waived for nursing students who meet the above eligibility requirements. MA-C certifications will only be valid during the declared State of Emergency.

DIRECTIONS

This form must be completed by the nursing program director (authorized individual) after determination that student meets the above eligibility criteria. Please legibly print in blue or black ink, except where otherwise indicated. The program director (authorized individual) must submit this completed form directly to karen.mccumpsey@arkansas.gov.

Name of Applicant First Middle Maiden Last

- I hereby APPROVE the application submitted by the above named applicant and verify that the applicant is in the final semester of the nursing program and is in good standing.
□ 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. Student has also been referred to the COVID link on the ASBN website.
□ I will notify the ASBN immediately, if student does not remain in good standing in the nursing program.

Name of Nursing Program

Street Address City State Zip Code

Signature of Program Director (Authorized Official) Title

Date