

ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800
Little Rock, AR 72204
501.686.2700



Arkansas Department of Health

Division of Healthcare Related Boards & Commissions

MEDICATION ASSISTANT TRAINING - 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 (nursing student) to be eligible for certification. This verification must include the date of completion of the required medication assistant curriculum and be received in the Board office directly from the institution which provided the nursing program.

NOTE: The only approved titles for applicants completing the medication assistant training program and passing the certification exam are "Certified Medication Assistant (CMA)" or "Medication Assistant-Certified (MA-C)".

DIRECTIONS

This form must be completed by the nursing program director (authorized individual) **after** the student nurse completes the required medication assistant equivalent curriculum in the nursing. Submit this completed form to the Board at the address above or email to Dr. Brandy Haley at Brandy.Haley@arkansas.gov for processing.

Name of Applicant: _____
First Middle Maiden Last

Applicant Date of Birth: _____

I hereby **APPROVE** the application submitted by the above-named student nurse and verify that the applicant successfully completed a portion of a nursing program that included the required medication assistant 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.

In accordance with the 2025 AR Legislative approval of Act 265, I **VERIFY** that this applicant has successfully completed oxygen inhalation and insulin curriculum and has proven competence in those skills.

I have referred the applicant to the ASBN *Rules, Title 17. Chapter XXII. Part 127. Certified Medication Assistant or Medication Assistant-Certified* to understand the scope of work and *Rules* for a CMA/MA-C.

Name of Nursing Program

Street Address City State Zip Code

Signature of Program Director (Authorized Official) Title

Date Applicant Completed Requirements