

MONTANA BOARD OF NURSING
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ASSISTED LIVING MEDICATION AIDE I PROGRAM APPROVAL APPLICATION
(No Fee)

CONTACT PERSON: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROGRAM TITLE: _____

PROGRAM INSTRUCTOR(S) (must be approved by the Board of Nursing):

Total hours of instruction time:

Total hours of didactic classroom presentation is at least 32 hours minimum: Yes No

Total hours of simulated practical experience is at least 8 hours minimum: Yes No

Total hours of direct, supervised, clinical experience is at least 40 hours minimum: Yes No

Instructor to student ratio for:

Clinical Laboratory setting is a maximum ratio of 1:10: Yes No

Clinical Practice setting is a maximum ratio of 1:5: Yes No

The following mandatory components are included in this program:

The six rights of medication administration	Purposes of medications
Classes of medications	Allowable routes of administration of medications
Care, storage and regulation of controlled substances and medications	How to administer medications
Medication log	Adverse reactions, side effects and allergies to medications
Medication error reporting	Documentation
How and when to report to the supervising nurse	Complete skills checklist

Signature: _____ Date: _____