



Workforce Investment Act Eligible Training Program

Provider Name: GENERATIONS COMPREHENSIVE HEALTH and REHABILITATIVE S

Contract #: 5050-101

Address: 267 JENCKES HILL ROAD
SMITHFIELD, RI 02917

Address if program is held at a another site:

Program Name: MEDICATION ADMINISTRATION TRAINING COURSE

Office use only: ONET CODE 31-1014

CONTACT INFORMATION

Program Contact Person: Catherine Salerno
Director, Programs & Education

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Website: www.generationsri.com

Course Outline/Topics to be Covered

15 weeks of Training (52.5 hours of theoretical and practical instruction.) Instruction will include basic review of body systems and medication effect on each system; side effects and medical terminology; infection control; and medication classifications.

Participants learn about the following:

- The role of a Medication Aide
 - Delegation of tasks
 - Assisting with the Nursing Process
 - Basic pharmacology
 - Drug orders and prescriptions
 - Life Span Considerations
 - Topical drugs
 - Anatomy and functions of each body system
 - Medication safety
 - Drugs used to treat and manage diseases and disorders of all body systems
- As a Medication Aide you will be able to perform skills under supervision of a licensed nurse or other medical staff to prepare, distribute and monitor the effects of a patient's medication. Medication Aides typically assist patients in properly taking oral, topical, or intravenous prescriptions in correct dosages, as well as adhering to strict medical regimens. A Medication Aide also supervises patients to ensure they do not have any adverse reactions after taking their medications.

Required academic grade levels to enter program

Reading Grade Level 12

Math Grade Level 12

English Proficiency 12

Required to enter training program

Physical	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vaccinations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Drug test	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
BCI	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
License	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Other : Must hold a **current** state of Rhode Island license as a Certified Nursing Assistant, in good standing.

MAY be required for employment

Physical	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccinations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Drug test	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
BCI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
License	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other :		

Participants will be qualified to seek employment in the following occupations:

- 1) Certified Medication Aide
- 2) Certified Nursing Assistant
- 3) _____
- 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:	
Tuition	<u>\$475.00</u>
Fees	_____
Books	_____
Licensing	_____
Certificate fees	_____
Other, provide explanation	_____
_____	_____
_____	_____
Total Tuition Cost Certified	

These are expenses that MAY be reimbursed after successful completion of training.			
Please indicate Yes, No or enter the amount			
	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Licensing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Uniforms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Travel	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Miscellaneous	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Total			\$0.00

Participant is responsible for :	
Prerequisites	_____
Memberships	_____
_____	_____
_____	_____
_____	_____
Cost above tuition cap	\$0.00
Expenses that MAY be reimbursed	\$0.00
Total	\$0.00

Maximum ITA Responsibility (Max. \$5500)

\$475.00

PROGRAM LENGTH
Weeks and Hours
and
Additional Information
Total Class Time **52.5 hours including 3 Lab Hours (Week Nights 6:00 pm-9:30 pm)**

What type of certificate will be awarded and by whom?

Medication Aide License from Department of Health , State of RI