DETAILED INSTRUCTIONS

COMPLETE ENTIRE APPLICATION ON THE BACK OF THIS FORM, SIGN, AND SEND APPROPRIATE FEE.
INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY BE SUBJECT TO LATE FEES.

Return the completed and signed application along with fee in the enclosed envelope postmarked on or before March 1, 2012 to avoid late fees. All fees must be made payable to “Treasurer, State of Ohio”. Payment must accompany this application: Personal checks or cash will NOT be accepted. Send a certified check, cashier’s check or money order. Business checks from government entities, corporations, and education or training programs will be accepted. Payments must be drawn on a United States (U.S.) bank or payable in U.S. dollars. Fees are non-refundable.

FEE POSTMARKED:
• On or before March 1, 2012: $50.
• From March 2, 2012 to April 30, 2012: $100.
• After April 30, 2012: the certificate is lapsed and the fee is $150 (must provide proof of 15 contact hours of continuing education (CE) with the application).

INACTIVE STATUS: If you do not intend to function as a certified medication aide in Ohio for compensation or as a volunteer, you may request to have your certificate placed on inactive status. No fee or CE is required; just check the inactive box on the back of this form and return the application to the Board. Your application must be postmarked NO LATER THAN APRIL 30, 2012 or your certificate will not be eligible to be placed on inactive status and your certificate will lapse.

CONTINUING EDUCATION (CE): During each certification period you are required to complete 15 contact hours of CE. For this certification period, contact hours must be obtained between the date your most recent medication aide certificate was issued and April 30th 2012.

Of the fifteen (15) contact hours, one (1) contact hour must be directly related to establishing and maintaining professional boundaries and one (1) contact hour must be Category A (the portion of CE that meets the one hour requirement directly related to Ohio law and rules). Category A must be approved by an OBN Approver, or offered by an OBN approved provider unit headquartered in the state of Ohio. Ten (10) contact hours must be related to medications or medication administration consistent with the function of the certified medication aide. The remaining three (3) contact hours must be consistent with the function of a medication aide.

Do NOT send CE documentation to the Board at this time. You are required to maintain CE documentation for at least (6) years.

COMPLIANCE: Check the appropriate box for each question as it applies to you.

NAME/ADDRESS CHANGE: Make changes in the “Corrections” section. You must submit a certified record of a name change (i.e. marriage certificate/abstract, divorce decree/dissolution, court record indicating the name change) within thirty days of the change. Certified court documents can be obtained from the court where the original record was filed. Photocopies or notarized copies are not acceptable for a name change.

VERIFICATION: You must sign this MAC renewal application.

IMPORTANT
• Your certificate will not be renewed until a completed application is received and processed by the Board.
• Your application is considered incomplete if all sections have not been completed, you have not signed your application, and/or your fee is incorrect.
• If your application is returned to you as incomplete for any reason, you will be responsible for any fees due based on the postmarked date of your completed application.
• You cannot function as a certified medication aide in Ohio without a current, valid Ohio certificate.
• Access Board information and publications, including the laws and rules, at www.nursing.ohio.gov.
APPLICATION FOR 2012-2014 CERTIFIED MEDICATION AIDE  
BIENNIAL CERTIFICATE RENEWAL

CAREFULLY READ INSTRUCTIONS BEFORE COMPLETING

Name of MAC                          Certificate Number: MA-C. 01234

☐ Please make my certificate INACTIVE.

CONTINUING EDUCATION (CE): IF CE BOX IS NOT CHECKED APPLICATION WILL BE RETURNED AND LATE FEES MAY APPLY.

☐ ☐ I met (or will meet by 4/30/2012) the CE requirements to renew this MA-C.

COMPLIANCES: You must answer Yes or No to each question or your APPLICATION WILL BE RETURNED AND LATE FEES MAY APPLY.

☐ ☐ The following questions apply since the submission of your last renewal application, OR if this is your first renewal from the date your original certification application was filed.

☐ ☐ If you answer “Yes” to any of the questions a-h, you are required to provide the Board with a written explanation of the events including the date, county, and state in which the events occurred and a certified copy of documents from the court or acting body. Your application is NOT complete until you have submitted these documents.

☐ ☐ For questions a and b, have you been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction or received diversion for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to practice as a certified medication aide.

☐ ☐ ANSWER EACH QUESTION OR APPLICATION WILL BE RETURNED AND LATE FEES MAY APPLY.

Yes No

a. ☐ ☐ A felony in Ohio, another state, commonwealth, territory, province, or country?  

b. ☐ ☐ A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI.

c. ☐ ☐ Have you ever been found to be mentally ill or mentally incompetent by a probate court?

d. ☐ ☐ Has any board, department, agency, or other body, including those in Ohio, other than this Board, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation, or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

e. ☐ ☐ Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?

f. ☐ ☐ Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action, with any board, department, agency, or other body, including those in Ohio, other than this Board?

g. ☐ ☐ Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, department, agency, or other body, including those in Ohio, other than this Board, with respect to a professional license, certificate, or registration?

h. ☐ ☐ Have you been notified of any proceeding to determine whether you may be subject to listing on the Sexual Civil Child Abuse Registry established by the Ohio attorney general pursuant to section 3797.08 of the Revised Code, and/or are you listed on that registry?

CORRECTIONS: PRINT CHANGES ONLY. LEAVE LINE BLANK IF THERE ARE NO CHANGES FOR THAT LINE

Last Name:  
First, Middle Name:  
Address:  
City: State: Zip:  
County: Telephone:  
Email:  

☐ ☐ SKIP THIS BOX IF YOUR SOCIAL SECURITY NUMBER HAS NOT CHANGED SINCE APPLYING WITH THE BOARD.

If you have changed or obtained a new social security number, please provide both your old AND new social security numbers:

Old: New:

Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.35, 42 U.S.C. Section 666), and reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 7301-7312, 42 U.S.C. Section 300mm-5, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 45 C.F.R. pt. 60), reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, and/or as otherwise required by state and federal law.

VERIFICATION: You must sign on the signature line or your APPLICATION WILL BE RETURNED AND LATE FEES MAY APPLY.

I am a U.S. citizen or lawfully admitted into the U.S. or I am a foreign national not living in the United States. I verify that all information on this form is true and accurate. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.652, ORC. In order to process my application, act upon renewal requests, and respond to public requests to confirm my certificate status, my personal information be accessed in accordance with OAC 4723-1-11 (D)(2)(d)(ii).

☐ ☐ SIGNATURE

2016