



**Application for Training Program for Certified Medication Aides-  
Nasogastric/Gastrostomy/Oral Metered Dose Inhaler/Nebulizer**

Check the type of training program you will be providing. Submit one application per program.

- (R) Respiratory (oral metered dose inhalers and nebulizers only)
- (NG) Nasogastric (administration of medications via nasogastric and gastrostomy tubes only)
- (RG) Respiratory and Nasogastric (all (R) and (NG) skills)

**Complete the following and return to the above address**  
Please type or print information

Organization/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**The program must submit the following information as specified in OAC 310:677-13-9 (b) with a \$100.00 non-refundable application fee:**

**Instructor names and qualifications:**

**Attachment #1**

Complete the attached Certified Medication Instructor Qualifications Application as specified in OAC 310:677-13-3.

**Classroom and Clinical facilities:**

**Attachment #2**

Complete the attached Name and Location of Classroom and Clinical Facilities as specified in OAC 310:677-13-9.

**Program outline, with objectives, curriculum and instruction methods**

Complete a program outline, with objectives, curriculum and instruction methods as specified in OAC 310:677-13-4. (**Attachment #3** is the current rules as specified in OAC 310:677-13-4 (d)(f)(g))

**Attachment #4 (for NG/RG)**

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(f). (Attached is an approved model Skills Demonstration on Administering Nasogastric/Gastrostomy Medications that you may use or submit another checklist for approval)

**Attachment #5 (for NG/RG)**

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(f). (Attached is an approved model Skills Demonstration on Nasogastric/Gastrostomy Bolus Feedings that you may use or submit another checklist for approval)

**Attachment #6 (for NG/RG)**

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(f). (Attached is an approved model Skills Demonstration on Administering Medications While Receiving Continuous Feedings that you may use or submit another checklist for approval)

**Attachment #7 (for R/RG)**

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(g). (Attached is an approved model Skills Demonstration on Metered Dose Inhalers that you may use or submit another checklist for approval)

**Attachment #8 (for R/RG)**

Complete a skills demonstration to verify the program provided training as specified in 310:677-13-4 (d)(g). (Attached is an approved model Skills Demonstration on Nebulizers that you may use or submit another checklist for approval)

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Type or Print Name of Authorized Individual Signing for Entity

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Signature

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Date