



**State of New Hampshire**  
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
DIVISION OF HEALTH PROFESSIONS

**Board of Nursing**

7 Eagle Square Concord, N.H. 03301  
Telephone 603-271-2323 · Fax 603-271-2856



**MEDICATION NURSING ASSISTANT EDUCATIONAL PROGRAM  
REQUEST FOR ON-SITE VISIT AND CONTINUED APPROVAL**

Programs requesting continued approval should complete and submit this form via mail or fax to: 271-6605

Please **do not** send any additional forms or information unless specifically requested to do so.

<b>Program Name:</b>	
<b>Program Address:</b>	
<b>Program Reviewer:</b>	<b>Program Reviewer Approval Date:</b>
<b>Reviewer Telephone:</b>	<b>Reviewer Fax:</b>
<b>Reviewer E-mail Address:</b>	<b>Initial Program Approval Date:</b>
<b>Date of last Review:</b>	<b>Date of this Report:</b>
<b>NUR 804.01: Please indicate:</b> (a) The number of students admitted to the program during the review period: (b) The number of students completing the program during the review period: (c) The number of times during the year that the entire program was offered:	
<b>All MNA Education Programs must comply with the rules and regulations of the New Hampshire Higher Education Commission, the state entity responsible for Career School Review and licensing.</b> Please attach documentation from the Commission indicating that this program has completed the Postsecondary Education Commission Pre-Application process. (If you have questions about this process, please contact 271- 6443). <b>Documentation of completion of the NH Higher Education Commission Pre-Application process is on file at the program:</b>	
	<b>Yes                  No</b>
<b>NUR 805.04</b> <b>Board Approved Instructor(s):</b> Please list all board approved instructors:	



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MNA Request for Onsite Visit Report 11/2013



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<b>Instructor Name:</b>	<b>Copy of Faculty Approval Application is on file:</b> Yes      No <b>Date of Board Approval:</b>
<b>Instructor Name:</b>	<b>Copy of Faculty Approval Application is on file:</b> Yes      No <b>Date of Board Approval:</b>
<b>Instructor Name:</b>	<b>Copy of Faculty Approval Application is on file:</b> Yes      No <b>Date of Board Approval:</b>
<b>Instructor Name:</b>	<b>Copy of Faculty Approval Application is on file:</b> Yes      No <b>Date of Board Approval:</b>
<b>NUR 805.02</b> <b>Ancillary Instructors:</b> Both the medication nurse-reviewer and a medication skills instructor shall have the authority to appoint a person with expertise in one or more of the program's curriculum topics to teach one or more courses or hours of the theoretical component of the curriculum if such expert's instruction is within the area of expertise and is under the supervision of a medication skills instructor. An example would be a Certified Diabetic Educator providing instruction/education re: oral hypoglycemics. <b>Please list all ancillary instructors.</b>	
<b>Name:</b>	<b>Area of Expertise:</b>
<b>Name:</b>	<b>Area of Expertise:</b>
<b>Name:</b>	<b>Area of Expertise:</b>
<b>NUR 803.03 (b)</b> <b>Cooperating Agency/Agencies:</b> Programs that do not have the appropriate educational facilities may contract with a cooperating agency/institution for classroom and/or clinical facilities. <b>Please complete the following information for each cooperating agency.</b>	
<b>Cooperating Agency/Clinical Facility Name:</b>	<b>Cooperating Agency/Clinical Facility Name:</b>
<b>Confirmation that contract is current:</b> Yes      No	<b>Confirmation that contract is current:</b> Yes      No
<b>Copy of the current contract is on file:</b> Yes      No	<b>Copy of the current contract is on file:</b> Yes      No
<b>Documentation of most recent survey results from the NH Bureau of Health Facilities Administration is on file:</b> Yes      No	<b>Documentation of most recent survey results from the NH Bureau of Health Facilities Administration is on file:</b> Yes      No
<small>*Although a facility with a substandard survey status cannot provide LNA instruction, MNA education may be approved based on the NH BON Program Specialist's determination of suitability.</small>	<small>*Although a facility with a substandard survey status cannot provide LNA instruction, MNA education may be approved based on the NH BON Program Specialist's determination of suitability.</small>



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<p><b>Cooperating Agency/Clinical Facility Name:</b></p> <p><b>Confirmation that contract is current:</b> Yes      No</p> <p><b>Copy of the current contract is on file:</b> Yes      No</p> <p><b>Documentation of most recent survey results from the NH Bureau of Health Facilities Administration is on file:</b> Yes      No</p> <p>*Although a facility with a substandard survey status cannot provide LNA instruction, MNA education may be approved based on the NH BON Program Specialist's determination of suitability.</p>	<p><b>Cooperating Agency/Clinical Facility Name:</b></p> <p><b>Confirmation that contract is current:</b> Yes      No</p> <p><b>Copy of the current contract is on file:</b> Yes      No</p> <p><b>Documentation of most recent survey results from the NH Bureau of Health Facilities Administration is on file:</b> Yes      No</p> <p>*Although a facility with a substandard survey status cannot provide LNA instruction, MNA education may be approved based on the NH BON Program Specialist's determination of suitability.</p>
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**If the program is facility based and there are no cooperating agencies, check here:**

**NUR 806.01** There shall be a theoretical component of the medication administration education program consisting of a minimum of 30 hours covering the topics outlined in Nur 806.01(a)-(m).

Please describe the classroom setting and resources available to support optimal theoretical instruction:

**NUR 806.02: MNA Education Programs are required to provide a minimum of 30 hours of a clinical component of medication administration.** Each program must either be based within a facility that provides sufficient care-recipients and material resources to meet this requirement or contract with a Cooperating Agency to provide for clinical learning activities.

Please describe the clinical experiences available to students within the facility or Cooperating Agency:

**Please complete:**

**Actual** Number of Hours of **Theoretical** Instruction provided:

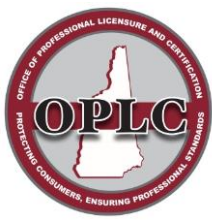
**Actual** Number of Hours of **Clinical** Instruction provided:

**NUR 803.01** Student Eligibility and Enrollment Requirements:

**Documents are on file verifying that each student:**

- |   |     |    |
|---|-----|----|
| <b>(a) Holds a valid and unrestricted nursing assistant license issued by the board:</b>  | YES | NO |
| <b>(b) Has been employed as a licensed nursing assistant within the past 5 years for the hours-equivalent of 2 years of full-time employment:</b> | YES | NO |
| <b>(c) Possesses proficiency in English and basic mathematics as determined by the sponsoring institution:</b>                                    | YES | NO |
| <b>(d) Has not been convicted of a felony:</b>  | YES | NO |
| <b>(e) Meets the requirements for enrollment set forth in Nur 802.02:</b>   | YES | NO |

**Nur 802.02: documents are on file verifying that the student has:**



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<b>(a) complied with the application procedures specified by the sponsoring institution:</b>	YES	NO
<b>(b) complied with the tuition requirements of the program:</b>	YES	NO
<b>(c) Stated to the sponsoring institution the desire to be proficient in the administration of medications:</b>	YES	NO
<b>(d) Submitted to the sponsoring institution 2 character references from an employer affirming the applicants honesty, integrity, compassion and enthusiasm for nursing-related activities:</b>	YES	NO

**NUR 803.03 Instruction:**

Written policies as specified in Nur 803.03 are on file:

YES       NO

**NUR 806.01 and NUR 806.02 Curriculum:**

Materials documenting compliance with all aspects of Nur 806.01 and Nur 806.02 are on file:

YES       NO

**Please indicate “yes” or “no” in response to each question:**

Any changes in curriculum and/or program objectives are submitted to and approved by the board prior to implementation of the changes:

YES       NO

After completion of the theoretical and clinical components of the MNA program, a student shall pass a Board-approved written final exam with a minimum score of 90%:

YES       NO

The student to board-approved instructor ratio does not exceed 4:1 in the clinical setting:

YES       NO

Students will be clearly identified as acting in the student role

YES       NO



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**Please indicate the text(s) to be used (include book title, author name(s), publisher and copyright date):**

**Textbook:**

**Workbook:**

**NUR 804.02 Written Verification of Program Completion:**

**Please indicate “yes” or “no” in response to each question**

Program records include, at a minimum: student name, address, date of birth, telephone number, date of program completion, dates of initiation and termination of program, contracts, tests, grades and course documents, name of sponsoring institution, the number of hours of theoretical instruction, the number of hours of clinical instruction and a statement that the student has attained proficiency in the approved routes of medication administration.

YES NO

The program shall, when each student has completed the curriculum of the medication administration education program and passed the examination described in Nur 806.03, issue the student a written verification of completion that contains the following information:

The name and residential address of the student: YES NO

The name of the sponsoring institution: YES NO

The name of the issuing medication administration education program: YES NO

The date of issuance of the written verification: YES NO

The number of hours of theoretical instruction and the number of hours of clinical instruction received by the student: YES NO

A statement that the student has attained proficiency in the methods of medication administration listed in Nur 804.02 (a)(6): YES NO

The signature of the Medication Nurse Reviewer: YES NO



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Security of student records is maintained

YES  NO

**NUR 805.03 Reviewer Responsibilities:**

The Program Reviewer will conduct and is responsible for program evaluation and maintenance of course documents including documentation of course completion and issuance of a certificate of completion to students.

YES  NO

The Program Reviewer will submit to the board names and contact information for persons successfully completing the nursing assistant program within 5 working days of the student passing the exam.

YES  NO

**NUR 806.02 (c) (5) & NUR 806.02 (d) Evaluation:**

**Please describe how the program Reviewer plans to evaluate the following Quality Assurance measures.**

Instructional Methods:





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Student Progress:

Empty box for student progress report.



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Effectiveness of Instructors:	
Suitability of Cooperating Agencies:	
Appropriateness of Course Content:	
Graduate Performance on Tests:	
Establishment of a Quality Assurance Committee and/or Approval of a Committee Previously Established by the Sponsoring Institution:	
<b>Please <u>do not</u> complete this section.</b> This section will be completed and signed at the time of the Initial on-site visit:	
<b>Board of Nursing Site Visitor Comments:</b>	
<b>Board of Nursing Signature:</b>	<b>Site Visit Date:</b>