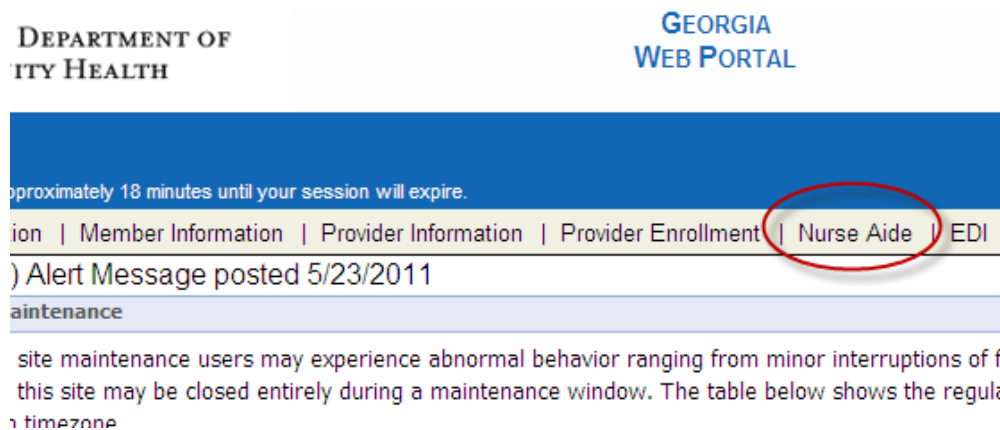


# Administering the CMA Online Competency Test

## Instructor Guide

Instructors will access the CMA Checklist and Online Competency Test via a link on the Nurse Aide Tab of the Georgia Web Portal.

1. Enter <https://www.mmis.georgia.gov/portal/default.aspx> into your web browser.
2. Click Nurse Aide for the Nurse Aide/CMA tab.



3. Select the link for **CMA Instructor Access to Checklist & Online Competency Test.**
4. Log into the system using your email address as the User ID and the password you set up when you received confirmation of your active status as a CMA Instructor.

## Certified Medication Aide

A screenshot of the "System Login" form. The form has a title "System Login" in a blue box. Below the title are two input fields: "User ID:" with the value "jane.doe@email.com" and "Password:" with a series of dots. Below the password field are two buttons: "Login" and "Clear". At the bottom of the form is a link that says "Forgot Password?".

5. Instructors will then need to search for a Nurse Aide in order to complete their checklist. The best possible match search criteria is the social security number (unique identifier due to possible listings on the nurse aide registry with the same name) You may also enter information into one or more of the other search fields in order to narrow your search. A list of results will be displayed.
6. Select the CNA by clicking on the 'name' link.

## search for a Nurse Aide

Last Name :	<input type="text" value="skillz"/>	First Name :	<input type="text"/>
Social Security Number :	<input type="text"/>	Date of Birth :	<input type="text"/>
Certification Number :	<input type="text"/>	Status :	Active <input type="button" value="v"/>
Expires Between :	<input type="text"/>	and :	<input type="text"/>
Address Line :	<input type="text"/>		
City :	<input type="text"/>	State :	<input type="button" value="v"/>
Zip :	<input type="text"/>	County :	<input type="button" value="v"/>
CMA ?	<input type="radio"/> Yes <input type="radio"/> No		
	Test Passed ? <input type="radio"/> Yes <input type="radio"/> No		
<input type="button" value="Search"/> <input type="button" value="Clear"/>			

Click on the name link to  
select the nurse aide

Name	Address	County	Certification Number	Certification Expiration Date	Status
<a href="#">Skillz, mags</a>		CN		05/12/2012	Active

- Detailed information for the CNA will be displayed. The CNA must confirm that their address and phone number is correct. Note that email address will be the primary method of communication and is a required field.
- Enter dates into the 'Date Enrolled in Training' and 'Date Completed Training' fields (dates cannot be future dates).
- Click **'Save'**. Then click the **'Go to Checklist'** button.

## CMA Test

CNA Information	
First Name : <b>mags</b>	Last Name : <b>Skillz</b>
CNA Status : Active	CMA Status :
Phone : <input type="text" value="678-527-0000"/>	Email : <input type="text" value="mags.skillz@email.com"/>
Fax : <input type="text" value="- -"/>	Certification Number : CN
Address : <input type="text" value="000 Fake Avenue"/>	
City : <input type="text" value="Atlanta"/>	State : <input type="button" value="GA v"/>
Zip : <input type="text" value="30000"/>	County : <input type="button" value="Bartow v"/>

CMA Test Information	
Date Enrolled in Training : <input type="text" value="02/22/2012"/>	Date Completed in Training : <input type="text" value="02/06/2012"/>

Comments :

|

10. The CMA Checklist will be displayed. Enter a date into the ‘Satisfactory Completion Date’ field for each Skill/Task. **This field is required.**

11. If the CNA did not perform a particular skill on the checklist, enter a date AND in the comment section at the bottom of the online form list the skill not performed and the reason why (review FAQs #13 & #14 on web portal).

**CMA Checklist**

CMA Name:	Skillz, mags
Certification Number:	CN
Instructor Name:	MAGGIE

Enter a date into each field

Skill/Tasks	Satisfactory Completion Date
<b>1. Basic Medication Administration Information and Medical Terminology :</b>	
A. Matched common medical abbreviations with their meaning	
B. Listed/Described common dosage forms of medications and routes of administration	
C. Listed the 6 rights of medication administration	
D. Described what constitutes a medication error and actions to take when a medication error is made or detected	

12. Indicate whether an employee signature is present on the paper version of the CMA Checklist and the date that it was signed.

13. Indicate whether an instructor signature is present on the paper version of the CMA Checklist and the date that it was signed.

14. Select the name of the Assisted Living Community (ALC) where the CMA will be employed.

Employee Signature ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Employee Signature Date:	02/13/2012
Instructor Title:	RN
Instructor Signature ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Instructor Signature Date:	02/20/2012
Assisted Living Community Name :	ANTEBELLUM GROVE ASSISTED LIVING

15. Read the attestation statement and click the ‘I agree’ checkbox.

16. Click **Save**. You have the option to attach any documents to the checklist page. Click the **‘Start Exam’** button to begin the CMA Online Competency Test.

I attest that I am the person identified and the information entered on the medication aide skills checklist is true and correct. I understand that under the Georgia Medication Aide Program all guidelines must be followed as permitted by Georgia law, including the following:

- I am licensed in good standing in the State of Georgia
- I have verified the applicant who is applying to become a certified medication aide is listed as a certified nurse aide in the Georgia Nurse Aide Registry.
- That I personally observed the applicant successfully complete without prompting, the final standardized skills checklist for medication administration by the Department of Community Health in a setting where a certified medication aide may be authorized to function for the administration of their medications.
- That the applicant has demonstrated the requisite clinical skills to serve as a medication aide in an assisted living community. I personally observed the administration of medication, and my observations of medication administration are observed by registered nurses and drug regimen reviews are performed quarterly.

☐ I Agree

Save

Go Back To Test Page

Start Exam

#### Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Browse...

Attach File

17. The CNA must then read the attestation statement and check the 'I agree' checkbox.

18. Click the 'Start Test' button.

#### Medication Aide Test Attestation Statement

I attest that I am the person identified above (CN#: CN0000030901 & CNA registry name: JONES, ALICIA) and I have completed the medication aide program taught by a Georgia licensed registered nurse, pharmacist or physician as permitted by Georgia law, O.C.G.A. §31-7-12.2. I personally will complete the medication aide test without any assistance.

☐ I Agree

Start Test

19. CNA will begin the test. Note that the test is 50 questions and has a 2 hour time limit.

ALLIANT | GMCF

MAKING HEALTH CARE BETTER

Time Remaining : 1:59:43

Current Question : 1 of 50

Question ID : 187

#### Question :

A medication aide is permitted to

- ☐ A. [REDACTED]
- ☐ B. [REDACTED]
- ☐ C. [REDACTED]
- ☐ D. [REDACTED]

20. After answering a question, the CNA will use the  button to move on.

21. When the test is complete, the CNA will select the 'FINISH' button. 

22. The system will display the CMA's test score. Click the 'Generate certificate' button to generate a certificate. It may take a few moments.

**CMA Exam Results** Click here to generate certificate

Certification Number :	CN000001
Certified Nurse Aide Name :	JEAN
Instructor Name:	MAGGIE :
CMA Exam Start Date :	2/7/2012 8:25:18 AM
CMA Exam End Date :	2/7/2012 8:46:09 AM
CMA Exam Time Taken :	00:20:51
CMA Exam Score :	84

[Generate Certificate](#) Congratulations, you passed your test!

23. Click the view certificate link to see certificate

**CMA Exam Results**

Certification Number :	CN0000
Certified Nurse Aide Name :	JEAN
Instructor Name:	MAGGIE
CMA Exam Start Date :	2/7/2012 8:25:18 AM
CMA Exam End Date :	2/7/2012 8:46:09 AM
CMA Exam Time Taken :	00:20:51
CMA Exam Score :	84

[View Certificate](#) Congratulations, you passed your test!

24. The CMA should PRINT the certificate for their records. Note that if you do not have access to a printer, the instructor can access the certificate at a later date by using the below instructions.

#### **Printing a CMA Certificate at a later date**

1. Enter <https://www.mmis.georgia.gov/portal/default.aspx> into your web browser.
2. Click Nurse Aide for the Nurse Aide/CMA tab.
3. Select the link for the CMA Instructor Access to Checklist & Online Competency Test.
4. Log into the system using your email address as the User ID and the password you set up when you received confirmation of your active status as a CMA Instructor.
5. Search for the CMA by entering their first/last name, social security number and selecting 'yes' for ***Test Passed.***

- When the CMA is displayed, click the print icon to the right of the status. The certificate should appear on the screen. Print the certificate.

**Search for a Nurse Aide**

Last Name :	<input type="text" value="blue"/>	First Name :	<input type="text"/>
Social Security Number :	<input type="text"/>	Date of Birth :	<input type="text"/>
Certification Number :	<input type="text"/>	Status :	Active <input type="button" value="v"/>
Expires Between :	<input type="text"/>	and :	<input type="text"/>
Address Line :	<input type="text"/>		
City :	<input type="text"/>	State :	<input type="button" value="v"/>
Zip :	<input type="text"/>	County :	<input type="button" value="v"/>
CMA ?	<input type="radio"/> Yes <input type="radio"/> No		
	<b>Test Passed ?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		

**Enter First and last name and select 'yes' for test passed . Once name appears, select the print icon to print the certificate.**

Name	Address	County	Certification Number	Certification Expiration Date	Status
<u>BLUE, MYRA J</u>	573 COUNTY LINE RD, HADDOCK, GA 31033	Jones	CN0000011383	06/30/2005	Active <input type="button" value="Print"/>

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