Administering the CME Online Competency Test

Instructor Guide

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

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

DEPARTMENT OF ITY HEALTH	GEORGIA WEB PORTAL
pproximately 18 minutes until you	ur session will expire.
ion Member Information	Provider Information Provider Enrollment Nurse Aide EDI
) Alert Message poste	d 5/23/2011
aintenance	
	ay experience abnormal behavior ranging from minor interruptions of f tirely during a maintenance window. The table below shows the regula

- 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.

System L	ogin	
User ID:	jane.doe@email.com	
Password:	•••••	
	Login Clear	
	Forgot Password?	

Certified Medication Aide

- 5. Instructors will then need to search for a Nurse Aide in order to complete their checklist. Enter the CNA's first and last 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 Nurs	e Aide			
Last Name :	skillz	First Name :		
Social Security Number :		Date of Birth :		
Certification Number :		Status :	Active 💌	
Expires Between :		and :		
Address Line :				
City :		State :	×	
Zip :		County :		
CMA ?	◯Yes ◯No	Test Passed ?	◯Yes ◯No	
Search Clear	Click on the nam			
	select the nurs	se aide		
Name ddress C	ounty Certification	Number Certi	ification Expiration Da	ate Status
<u>Skillz, mags</u>	CN	05/12	2/2012	Active

- 7. 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.
- 8. Enter dates into the 'Date Enrolled in Training' and 'Date Completed Training' fields.
- 9. Click 'Save'. Then click the 'Go to Checklist' button.

CMA Test	:		
CNA Informat	tion		
First Name :		Last Name :	Skillz
CNA Status :		CMA Status :	
Phone :	678-527-0000	Email :	mags.skillz@email.com
Fax :		Certification Number :	CN
Address :	000 Fake Avenue		
City :	Atlanta	State :	GA 🗸
Zip :	30000	County :	Bartow 💌
CMA Test Info	ormation		
Date Enrolled in Training :	02/22/2012	Date Completed in Training :	02/06/2012
Comments :			
I			

- 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 <u>not</u> performed and the reason why.

CMA Checklist			
CMA Name:	Skillz, mags	1	
Certification Number:	CN		
Instructor Name:	MAGGIE	Enter a date into each field	
Skill/Tasks			Satisfactory Completion Date
1. Basic Medication A	dministration Inform	ation and Medical Terminology :	
A. Matched common	medical abbreviatio	ns with their meaning	
B. Listed/Described c	ommon dosage forr	ns of medications and routes of administration	
C. Listed the 6 rights	of medication admi	histration	
D. Described what co	nstitutes a medicati	on 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 is was signed.
- 13. Indicate whether an instructor signature is present on the paper version of the CMA Checklist and the date that is was signed.
- 14. Select the name of the Assisted Living Community (ALC) where the CMA will be employed.

Employee Signature ?	⊙Yes ○No
Employee Signature Date:	02/13/2012
Instructor Title:	RN
Instructor Signature ?	⊙Yes ○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 corre understand that under the Georgia Medication Aide Program all guidelines must be followed as permitted by Georgia law, 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 gragistry. That I personally observed the applicant successfully complete without prompting, the final standardized skills checklist to by the Department of Community Health in a setting where a certified medication aide may be authorized to function for in administration of their medications. That the applicant has demonstrated the requisite clinical skills to serve as a medication aide in an assisted living commobservations of medication administration are observed by registered nurses and drug regimen reviews are performed quart 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 **<u>CNA</u>** 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 register 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

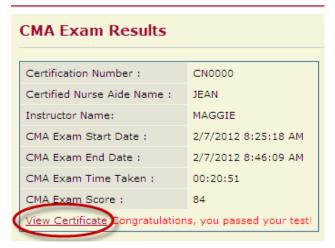
19. CNA will begin the test. Note that the test is 50 questions and has a 2 hour time limit.

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		
O A. Duthelmic medication		
O B. Vaginal medications		
O C. B12 Injections		

- 20. After answering a question, the CNA will use the **Next** 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.



23. Click the view certificate link to see certificate



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

Printing a CMA Certificate at a later date

- 1. Enter <u>https://www.mmis.georgia.gov/portal/default.aspx</u> into your web browser.
- 2. Click Nurse Aide for the Nurse Aide/CMA tab.
- 3. Select the link for the 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 and last name and selecting 'yes' for *Test Passed.*

6. 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 Nurs Last Name : Social Security Number : Certification Number : Expires Between : Address Line : City : Zip : CMA ? Search Clear	blue	First Name : Date of Birth : Status : and : State : County : Test Passed ?	Active V Active V Yes 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	TY LINE RD, HADDOCI			Number Certification Expiration 06/30/2005	Date Status