

STATE OF NEW MEXICO

(505) 841-8340
(505) 841-8347 Fax



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

**PAYMENT SHEET
CERTIFIED MEDICATION AIDE
EXAMINATION / RE-EXAMINATION APPLICATION**

Application must be completed in full and attached.
FEES ARE NOT REFUNDABLE

NAME: _____

ADDRESS (city, state, zip code): _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: _____

INDIVIDUAL FEES (check all applicable):

Initial certification by NM Board of Nursing examination – CMA I	\$45.00	_____
Certification by NM Board of Nursing examination – CMA II	\$60.00	_____
Re-examination	\$30.00	_____

PERSONAL CHECKS ARE NOT ACCEPTED
DEBIT CARDS ARE NOT ACCEPTED AS CREDIT CARDS

IF YOU ARE USING A CREDIT CARD PLEASE CHECK ONE OF THE FOLLOWING:

MASTERCARD _____ VISA _____

CREDIT CARD# _____ - _____ - _____ - _____

EXPIRATION DATE: Month _____ Year _____

AMOUNT: _____

SIGNATURE: _____ DATE: _____

**IF YOU ARE PAYING WITH A MONEY ORDER OR CASHIER'S CHECK
PLEASE MAKE PAYABLE TO:
THE NEW MEXICO BOARD OF NURSING**

STAPLE MONEY ORDER/CASHIER'S CHECK TO BOTTOM OF THIS SHEET. STAPLE ONCE ONLY!

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CERTIFIED MEDICATION AIDE EXAMINATION / RE-EXAMINATION APPLICATION

Full legal name will appear on the certificate. Name change requires recorded marriage certificate or court order.

LEGAL NAME: _____ ADDRESS: _____
PHONE NUMBER: _____ CITY: _____
SOCIAL SECURITY NUMBER: _____ STATE: _____
DATE OF BIRTH: _____ ZIP CODE: _____
E-MAIL: _____

APPLICANT MUST MEET THE PREREQUISITES:

- High school graduate or successful completion of general education development (GED) course. (Attach a copy of high school diploma or GED).
- Successful completion of an approved Certified Medication Aide training program.
- Complete the required application by the deadline and remit the required fee.
- Attach a current CPR card.
- Attach letter of verification from the CMA training program indicating successful completion of board approved program.

TRAINING AGENCY:

Name of Training Facility: _____
Type of Training Program: CMA I CMA II
Nurse Educator: _____ Facility Phone #: _____

EMPLOYMENT:

Place of Employment: _____
Immediate Supervisor: _____
Employer's Phone #: _____

DISCIPLINARY ACTION: Have you had disciplinary action or is there any action pending against you by a licensing jurisdiction including New Mexico, the USDA, Drug Enforcement Agency, any state drug enforcement authority, or a branch of the US Military?

YES NO If YES, give date(s) _____ and state(s) _____

FELONY CONVICTION: Have you been convicted of a felony or are you now charged with a felony in any state or federal court? Please include any felony charges that resulted in a guilty plea, nolo contendere plea or a deferred or suspended sentence. A felony is generally a criminal charge with potential punishment of at least one year in prison or jail. If in doubt, disclose the charge or conviction with a copy of all relevant legal documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing.

YES NO If YES, give date(s) _____ and state(s) _____

- Results of the examination shall be reported by mail or can be verified on the board website www.bon.state.nm.us no later than four (4) weeks following the examination date. Applicants who successfully complete the examination shall be issued a certificate.
- A re-examination fee will be charged for all re-examinations and non-excused absences. An incomplete application for certification becomes null and void one (1) year after it is received at the NM Board of Nursing office.
- Applicants who fail the examination may not function as a Certified Medication Aide. Applicants must remain under the direct supervision of a board approved clinical preceptor until such time as the applicant successfully passes the Certified Medication Aide examination. Unsuccessful candidates may not repeat the examination for two (2) months. The examination may be taken a maximum of three (3) times. After the third failure, the applicant must provide verification of repeating and completing the training portion of a board-approved medication aide program to be eligible to sit for the exam.

I hereby make application to take the Certified Medication Aide examination / re-examination in accordance with the State of New Mexico Nursing Practice Act and enclose the required fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representations made on this application.

Printed Legal Name: _____ Date: _____

Legal Signature: _____

(YOUR AGENCY LETTER HEAD)

Date

New Mexico Board of Nursing
6301 Indian School, Suite 710
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Re: Letter of Verification for Applicant(s) for CMA Examination

The following candidate(s) completed _____ hours of CMA I or CMA II (specify one) Classroom study provided by _____ (**insert the Board approved training facility**) on _____ (**date of completion of training**). The candidate(s) completed _____ hours of clinical training at _____ on _____ (**date of completion of training**, which is a Board of Nursing approved training site. The candidate(s) will be working at _____, which is a Board Approved Facility.

1. List of candidate(s), (**which includes, first name, last name, date of birth and social security number**)

EXAMPLE:

1. Jane Smith, 9/3/1970, 555-55-5555
2. John Doe, 10/31/1958, 987-00-1234

I, Board of Nursing approved Nurse Educator, (_____) hereby affirm that each candidate listed above has met the examination requirements listed in 16.12.5.9 NMAC.

Attached with this verification form is the completed application for examination with fee and CPR card for all candidates listed above.

I acknowledge that any application that is **NOT COMPLETE** will be returned in its entirety to the candidates mailing address. The candidate(s) will not be allowed to take the examination until application is completed and returned. Candidates who fail to remit corrected application by the deadline will have to wait for the next upcoming examination.

I also acknowledge that each candidate has been instructed to review and abide by the Certified Medication Aide Rules and Regulations. Each candidate understands that he or she may only work as a Certified Medication Aide for a NM Board of Nursing approved facility. Each candidate has been shown the website www.bon.state.nm.us where the candidate can locate forms, the Board approved facilities and other information relevant to their certification.

Signed,

(Board Approved Nurse Educator), RN