



**REQUIREMENTS AND INSTRUCTIONS
STUDENT NURSE APPLICATION FOR CERTIFIED MEDICATION AIDE**

- NOTICE:**
- * If previously certified in New Mexico as a Certified Medication Aide, you are not eligible. You must request a renewal/reactivation application.
 - * Once certified, student nurses are subject to the scope of function of the Certified Medication Aide as outlined in Rule 16.12.5, including any and all regulations. The Rules are location on the board of Nursing website www.bon.state.nm.us.

I. PREREQUISITES FOR CERTIFICATION AS A STUDENT NURSE:

- A. Be a minimum of eighteen (18) years of age.
- B. High school graduation or the equivalent (GED, associate).
- C. Must be employed at a board approved facility.
- D. Completion of **Nursing Pharmacology** course with a grade of "C" or better.
- E. Completion of two of the following courses with a grade of "C" or better prior to application:
 - Nursing pathophysiology**
 - Anatomy**
 - Physiology**
- F. In addition to the courses listed above, completion of one of the following courses must be completed prior to application:
 - Nursing fundamentals**
 - Certified nursing assistant course (PROVIDE COPY OF CERTIFIED NURSE ASSISTANT CERTIFICATE)**
- G. Submit written verification of completion of all required course work on nursing school letterhead. In lieu of verification, official transcripts (non-student) will be accepted.
- H. Submit a copy of current CPR card.
- I. Have no disciplinary action or felony conviction.

II. APPLICATION PROCEDURE

- A. Complete ALL questions on the application; indicate N/A in any blank which does not apply to you.
 - 1. Sign and date the application.
 - 2. If required documents are submitted under a different name, submit copy of a legal document showing the name change (recorded marriage certificate, divorce decree, court order). Legal document must have been RECORDED and include the pages which show the name change clause, filing requirements noted, and a judge's signature.
- B. FEES: acceptable in the form of U.S. money order, cashier's check drawn on U.S. bank and made out to the NM Board of Nursing, MasterCard or Visa. Cash in the exact amount is accepted; **DO NOT MAIL CASH**. The Board office is not responsible for cash if mailed. Personal checks/demand drafts/debit cards are **NOT** accepted.
NOTE: FEES ARE NOT REFUNDABLE.
- D. Mail application, fee and other required documents to the NM Board office.

III. GENERAL INFORMATION

- A. Incomplete applications or applications lacking required documents will delay the processing.
- B. Only LEGAL name is used for certification purposes in NM.
- C. NM certificate will be issued for two (2) years.
- D. Applications become NULL and VOID if the certification process is not completed within one (1) year of receiving the application.
- E. Applicants who have had disciplinary action taken or pending against a certification in another state or who have had a felony conviction may not be issued a certificate until authorized by the New Mexico Board of Nursing.

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
STUDENT NURSE APPLICATION FOR CERTIFIED MEDICATION AIDE**

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

NAME: _____

ADDRESS (city, state, zip code): _____

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

BOARD APPROVED FACILITY: _____

INDIVIDUAL FEE

Initial certification by NM Board of Nursing – Student Nurse \$45.00 _____

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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STUDENT NURSE APPLICATION FOR CERTIFIED MEDICATION AIDE

Incomplete applications will be returned to the address on this form.

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

LEGAL NAME: _____
LAST FIRST MIDDLE NAME MAIDEN NAME

MAILING ADDRESS: _____
(Street Address or Post Office Box #)

CITY _____ STATE _____ ZIP: _____

PHONE #: _____ SOCIAL SECURITY #: _____

E-MAIL ADDRESS: _____ MOTHER'S MAIDEN NAME: _____

Applicant must provide written verification of successful completion of courses with a "C" or higher. Verification must be submitted on nursing school letterhead. In lieu of verification, official transcripts (non-student) will be accepted.

Applicant must have completed the following course prior to application:

Nursing Pharmacology Course
Date of Completion: _____ Institution: _____

Two of the following courses must have been completed prior to application. Please check two of the following courses:

Nursing Pathophysiology Course
Date of Completion: _____ Institution: _____

Anatomy
Date of Completion: _____ Institution: _____

Physiology
Date of Completion: _____ Institution: _____

In addition to the above courses, one of the following courses must have been completed prior to application:

Nursing Fundamentals
Date of Completion: _____ Institution: _____

Certified nursing assistant course
Date of Completion: _____ Institution: _____

Verification of current certificate in good standing: Please attach a copy of your C.N.A. Certificate.

Please indicate if the above is a new name and/or address. Yes No

A copy of a legal document that has been filed and recorded is mandatory with any name change.

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) _____

Printed Legal Name: _____ Date: _____

Legal Signature: _____



STUDENT NURSE APPLICATION FOR CERTIFIED MEDICATION AIDE (cont'd)

Make sure that all of the following boxes are checked off before mailing to the Board of Nursing.

Failure to do so can slow down the certification process

- 1. Application and appropriate fee.
- 2. Employed at board approved facility.
- 3. Copy of your current CPR card.
- 4. Completion of course requirement check-list with date of completion/institution.