

# Kentucky Health Care Training Institute

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**Certified Medication Aide II (CMA II) Cost: \$425 + text \$125 + background checks \$30 + state test \$55 = Total \$635.**

The class meets from 8 am until 4:30 pm both days on Thursday, 2/20, and Monday, 2/24/2025. Students who have completed their clinical training may take their state CMA II exam at our school on THURSDAY, 3/27/2025. **This schedule is tentative and is subject to change without notice.**

Enclosed is an application form for the class. If you are interested in the class, please email me (see above) to set an appointment to enroll. PLEASE NOTE **YOU MUST HAVE ALL OF THE FOLLOWING WITH YOU AT TIME OF ENROLLMENT, OR YOU WILL NOT BE ABLE TO ENROLL.**

1. A completed application including the signature of an employer who is verifying you have worked 6 months as a nurse aide in the last 2 years.
2. A **COPY** of your high school diploma or transcript with **graduation date** or GED documentation.
3. A letter from the Kentucky Board of Nursing stating that you are currently on the Kentucky Medication Aide (KMA I) or Certified Medication Aide (CMA I) Registry in good standing.
4. A **certificate** of professional liability (malpractice) insurance. This may be obtained through an insurance agency or purchased from Nurses Service Organization at 1-800-247-1500 or [www.nso.com](http://www.nso.com) or fax # 1-800-739-8818. Apply for insurance as a **MEDICATION AIDE-You must have coverage of \$1,000,000 each claim and \$3,000,000 aggregate.**
5. A Memorandum of Agreement from the facility that will be evaluating your clinical performance.
6. **Payment for the class - \$635 with text** PAYMENT BY PERSONAL CHECK OR CASH WILL NOT BE ACCEPTED. Payment may be made with a money order, cashier's check, or **VISA, MASTERCARD, or DISCOVER CARDS.** If tuition is being paid through an agency by means of voucher system, all payments must be made before a transcript or certificate of completion will be released. There is no refund on the cost of the tuition or book.
7. **Results of TWO negative TWO STEP tuberculin skin tests, and proof of COVID 19 vaccination.**
8. **Applicants must sign an English affidavit, verifying that they are fluent in English (written and spoken.) Applicants who are not fluent in English are not permitted to enroll.**
9. **Applicants must also pass a math entrance exam, and score at least 70%, in order to enroll. The math entrance exam focuses on basic math skills (addition, subtraction, division, and multiplication) as related to medication administration. Applicants scoring less than 70% will not be able to enroll.**

Each student must purchase Administering Medications (Ninth edition) by Donna F. Gauwitz. This can be purchased at the school for \$125. The book is included in the \$635 total cost of the class.

Kentucky Health Care Training Institute does not discriminate in employment or enrollment on the grounds of race, gender, color, age, national origin, sexual orientation, or disability.  
There is an attendance policy in this class. Any student who misses time will be dropped from the class.  
The student must attend both classroom days and complete their clinical experience to complete the course, and be eligible for state testing.

**Students displaying abusive behaviors will receive one warning, and if the behavior continues, the student will be expelled from the program, and forfeit all course fees.**

**CERTIFIED MEDICATION AIDE I - APPLICATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ SSN \_\_\_\_\_

Email address \_\_\_\_\_

Is the documentation verifying high school diploma or GED included with the application?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Is CURRENT documentation verifying status on the Kentucky Board of Nursing KMA/CMA Registry included with the application? YES \_\_\_\_\_ NO \_\_\_\_\_

Is proof of professional liability insurance included with the application?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Has above applicant been employed as a nurse aide in long-term care for at least 6 months in the last 2 years? YES \_\_\_\_\_ NO \_\_\_\_\_

Is a memorandum of agreement included? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the result of a TWO STEP tuberculin skin test included? YES \_\_\_\_\_ NO \_\_\_\_\_

THIS MUST BE SIGNED BY A REPRESENTATIVE OF A FACILITY IN WHICH THE APPLICANT HAS WORKED FOR 6 MONTHS AS A NURSE AIDE IN THE LAST 2 YEARS.

\_\_\_\_\_  
Signature and title of facility representative  
\_\_\_\_\_  
Name of facility

**PLEASE NOTE- ALL SPACES MUST BE COMPLETED. ANY QUESTIONS THAT HAVE BEEN ANSWERED "NO" WILL RESULT IN THE APPLICATION BEING REJECTED.**

Students applying for the course must be a current CMA I or KMA I in Kentucky.

A student in the program is **not** allowed to miss class time. **If class time or clinical time is missed, the student will be dropped from the course.** The student may not miss any clinical hours, or they will be dropped from the course. Successful completion of both classroom days and all clinical requirements are required in order to complete the course, and be eligible to take the state CMA II credential exam.

I certify that the information on this application is correct and complete to the best of my knowledge. I also understand the program requirements and attendance policy for this program, and the refund policy as outlined above.

I understand that the clinical portion of the course must be arranged by me and a memorandum of agreement from a facility responsible for the clinical rotation must be submitted to the school before the class begins.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date