

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Board of Nursing



APPLICATION INSTRUCTIONS
TRAINED MEDICATION EMPLOYEE (TME)

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Nursing will review your application. Upon final approval, you will be authorized to sit for the TME examination and be issued a certificate to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, the DC Board of Nursing processing staff will return the application. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All application will be file by your training instructor within seven business days once you have completed the TME course. This information will be sent to the following address:

Department of Health
Health Professional Licensing Administration
DC Board of Nursing
717 14th Street, NW, Suite 600
Washington, DC 20005

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a TME certificate in the District of Columbia shall meet the following requirements: Applicants Must:

- (1). Be at least 18 years of age
 - (2). Never been convicted of a crime or moral turpitude which bears directly on the application's fitness to be certified; and All applicants must submit the following in order to be considered for certification
 - (3). Work one (1) year of clinical experience in a program or a health care facility.
 - (4). Complete and sign the application, including required supporting documents;
 - (5). Submit (2) two passports –type photo of the applicant's face, measuring approximately 2"x 2" with the applicant's name printed on the back. Home snapshots are not acceptable.
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COMPLETING THE APPLICATION

Section 1. Requested Certificate Type/Fee

Mark the box next to the license type and origin (method) for which you are applying.

- INITIAL CERTIFICATION by EXAMINATION** – Your applications will be submitted to the DC Board of Nursing with a **Class List** signed by your instructor indicating RN license number, the course location, the course completion date and the list of attendees.

An applicant applying for initial certification must submit the following:

- (1). Documentation signed by the Medication Administration Trainer verifying satisfactory completion of the Trained Medication Employee Course; a check list of observations of Medication administration (Practicum Sheet)
- (2). Proof of one (1) year of clinical experience in a program or health care facility
- (3). Proof of satisfactory current completion of cardio-pulmonary CPR training and a First Aid program
- (4). Completed application and required fee (\$59.00)

THE EXAMINATION PROCESS

Once a candidate is approved to sit for the exam, they will receive an approval letter advising them to bring a picture photo I.D and the letter to the exam site. Candidates will not be allowed to take the exam if they can not provide the appropriate documents for admission to the exam area. All applications will be closed ninety days after submission if a candidate has not completed his application or sat for the examination. To retake the exam, each candidate will be required to submit another application and pay the fee of fifty-nine (\$59).

An exam candidate is allowed to sit for the exam on three occasions. If you do not pass the exam, you must retake the TME course and submit another application including all required documents.

- RECIPROCITY**-An applicant may request a waiver from participation in the Medication Administration Course if the applicant has successfully completed a substantially equivalent course in another jurisdiction. Program employees that have successfully completed a Medication Administration Course approved by the State of Maryland or the Commonwealth of Virginia need not participate in the Medication Administration Course.

An applicant requesting a waiver from participation in the Medication Administration Course shall submit to the Board:

- (1). Proof of current certification in the administration of medication in Maryland or Virginia or any other jurisdiction approved by the Board
 - (2). Proof of one (1) year of clinical experience in a program or a health care facility
 - (3). Proof of satisfactory current completion of a cardio-pulmonary (CPR) training and First Aid program; and
 - (4). Completed application signed by applicant
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- (5). Required fee (\$59.00). You may pay the application and license fee by check or money order. It is recommended that you use one of these options so that you have proof of payment. Checks or money orders should be made **payable to the DC Treasure** and submitted with your application packet. **“Do Not Send Cash.”** Please print your name on your check, if it is not preprinted.

Section 2. Applicant’s Name/Demographic Information

Enter your name exactly as it should appear on the license.

If your name has changed at any point since you first applied, complete this section. You must provide a copy of a legal name change document for each time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse’s death certificate.

Section 3(A)(B). Home/Business Address

Include both your home and business addresses in the sections provided. If you have a PO Box, a street address should also be provided if applicable. The zip code should correspond to the PO Box number and the mailing address.

Section 4. Preferred Mailing Address

Place an “X” in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 5. Supporting Documents Required

Documents that should be submitted with the application:

- ✓ 2x2 passport-type photos,
- ✓ Copy of current CPR certificate
- ✓ First-Aid certificate
- ✓ Documentation signed by Trainer verifying satisfactory completion of TME course
- ✓ **Reciprocity applicants:** MD or VA or any other state approved by the Board certification of medication aide training

Section 6. Screening Questions

Please answer all of the questions. If you answer, “No” to question 6(A), you must provide from the Tax Office supporting documents indicating you have made some type of payment arrangements or you have paid the fee.

If you answered “Yes” to any of the questions (Section 6(B-H)) or have been convicted of a crime and had actions taken against you, please provide a full explanation typed on a separate sheet of paper attached with the application form. Also, provide official documentation with details regarding the outcome or current status of the case.

False or misleading statements will be cause for referral to the Board of Nursing for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514

Section 7. Licensed Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

RECERTIFICATION

Recertification of a trained medication employee shall be required every two (2) years expiring on October 30, and be submitted before the expiration of the current certification. Reminder notices will be mailed to your current address at least 60 days prior to the expiration of your certification. Your application for recertification shall include:

- (1). Application signed by the trained medication employee;
- (2). Supervisory registered nurse's written verification of the trained medication employee's continued adequacy of performance;
- (3). Documentation verifying successful completion of twelve (12) hours of board approved in-serving training pharmacology or medication administration and the supervisory registered nurse's verification of the trained medication employee's continued adequacy of performance.; and
- (4). Required fee (\$59.00). You may pay the application and license fee by check or money order. It is recommended that you use one of these options so that you have proof of payment. Checks or money orders should be made **payable to the DC Treasure** and submitted with your application packet. **"Do Not Send Cash."** Please print your name on your check, if it is not preprinted.

The Board shall recertify an applicant upon receiving a complete recertification application, proof of the applicant's continued competence and the appropriate registration fee.

Please Note: You will receive a recertification notice in the mail ninety days prior to recertification. It is important that we have your correct address at all times.
