

Colorado Division of Registrations
Office of Licensing—Nursing
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800
FAX: (303) 894-7693
www.dora.state.co.us/registrations

APPLICATION FOR CNA MEDICATION AIDE AUTHORITY

APPLICANT INSTRUCTIONS

Basic Requirements. All applicants must hold an active, unencumbered Colorado Certified Nurse Aide (CNA) certificate in good standing. Refer to the Board statutes, rules, and policies, available online at www.dora.state.co.us/nursing for specific education, training, and licensure requirements.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

APPLICANT CHECKLIST

Note: This completed application, fee, and supporting documentation must be received in the Division within one (1) year of completion of the medication aide training program.

To apply for CNA Medication Aide authority:

- Submit a completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued certificate or license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Submit a letter of recommendation** to become a medication aide from the CNA's supervising nurse, director of nursing, or nursing home administrator.
- Include the completed Proof of Training and Eligibility Affidavit** (attached). Request that the program coordinator of the medication aide training program complete and return the form to you in an official, sealed envelope. Include the sealed (unopened) envelope with your application.

Return your completed application packet and supporting documentation to:

Division of Registrations
Office of Licensing—Nursing
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado CNA Certificate Number: _____ **Expiration Date:** _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:		PO Box, Street:	
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:	
Daytime Telephone Number: ()		E-mail Address:	
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—TRAINING

Name of Medication Aide training program:	Date of completion: (mm/dd/yyyy)
Program address:	PO Box, Street:
	City, State, Zip:

PART 3—ADDITIONAL REQUIREMENTS

<input type="checkbox"/>	By checking this box, I certify that: <ul style="list-style-type: none"> ▶ I am at least 18 years of age; and ▶ I possess a high school diploma or general equivalency diploma (GED); and ▶ I have completed no less than 1,000 hours of documented work as a CNA within the 24 months immediately preceding receipt of this application in the Division of Registrations.
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***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY	MEDICATION AIDE NUMBER: _____	DATE ISSUED: _____
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PART 4—SCREENING QUESTIONS

You must provide the following for each “YES” response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Since the date of your application for certification or renewal of your Colorado CNA certificate (whichever is later):

1. Has any nursing or other health care license held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation in any state other than Colorado or in any territory of the United States? YES NO
2. Are you under investigation or is a disciplinary action pending against your CNA certificate or other health care license in any state or territory of the United States? YES NO
3. Have you received notification from the Department of Health and Human Services Office of the Inspector General, that you have been excluded from participation in Medicare, Medicaid or any federal healthcare programs? YES NO
4. Have you been convicted, entered a plea of guilty, *nolo contendere*, or no contest for any felony, misdemeanor or petty offense? YES NO
5. Have you been convicted, pled no contest/*nolo contendere*, or had a court accept a plea to a criminal motor vehicle offense of DUI / DWI / DWAI / OWI, or any traffic offense involving drugs or alcohol? YES NO
6. Have you been arrested for an alcohol or drug-related offense other than stated in No. 5 above? YES NO
7. Have you been charged with patient/resident abuse or neglect? YES NO
8. Have you been charged with misappropriation of patient/resident property? YES NO
9. Have you been terminated or permitted to resign in lieu of termination from a nurse aide or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects? YES NO
10. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a nurse aide safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? YES NO
11. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a nurse aide safely and competently? YES NO

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

**CNA MEDICATION AIDE
PROOF OF TRAINING AND ELIGIBILITY AFFIDAVIT**

SECTION 1: To be completed by the Applicant

Applicant: Complete Section 1 and provide this form to the program coordinator of your medication aide training program to complete and return to you in an official, sealed envelope. Attach the unopened envelope to your application for CNA Medication Aide Authority.

APPLICANT

Name: Last:	First:	Middle:	Suffix:
Colorado CNA Number:		Expiration Date:	
Mailing Address: PO Box, Street:			
City, State, Zip:			

SECTION 2: To be completed by the Medication Aide Training Program Coordinator

Medication Aide Training Program Coordinator: The above-named Certified Nurse Aide is submitting an application for Medication Aide authority in the state of Colorado. Complete the information in Section 2 and sign below, and return to the applicant in an official sealed envelope (signed by the training program).

MEDICATION AIDE TRAINING PROGRAM

Medication Aide training program name:	Phone Number: ()
Program Address: PO Box, Street:	
City, State, Zip:	
Date candidate started training: (mm/dd/yyyy)	Date candidate completed training: (mm/dd/yyyy)

PROGRAM COORDINATOR AFFIDAVIT

Program Coordinator Name: (print)
I verify that the above-named candidate met the program requirements stated in Colorado Nursing Board Rules chapter XIX, section 6 and chapter XII, section 5.1 and has successfully completed no less than sixty (60) hours of classroom/laboratory preparation and forty (40) hours clinical experience in medication administration at the above-named medication aide training program under the supervision of a qualified primary instructor.
Signature _____
Date _____