



KAY IVEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
WWW.MH.ALABAMA.GOV



JAMES V. PERDUE
COMMISSIONER

June 18, 2018
Nurse Delegation Program
Medication Assistant Train-the Trainer Course
REGISTRATION FORM

General Information:

The Medication Assistance Train-the-Trainer (MATT) course is an organized plan of study that includes lecture, discussion and practice scenarios essential for preparing qualified MAS RNs, to teach the ADMH/ABN approved MAS Nurse Trainings – Becoming a Certified Delegating Nurse (Initial Training) and MAS Nurse Update, to RN/LPNs licensed in Alabama who are employed by agencies certified by the ADMH. Qualified MAS RNs must have a ***minimum of two years' experience as a MAS RN who has taught a minimum of two (2) MAC II classes during the past two years.*** The ABN defines a MATT RN in ABN Regulation 610-X-2-.07(4) as “A RN who teaches the approved curriculum for mental health community residential settings”. The MATT RN also serves as a resource for MAS Nurses working in ADMH Community Programs and may serve as a proctor for nurses who are required to retake the MAS Nurse Exam.

This is a two day course (participants must be present for the entire two days) that covers topics from the Alabama Law, Nurse Delegation Program guidelines and forms to the requirements of the initial and Update MAS Trainings. Successful completion of this course will be evidenced by a score or ninety (90) or greater on a competency exam. The MAS RN may have three (3) attempts to successfully pass the competency exam, within a ninety (90) day

period. Three unsuccessful attempts will require the MAS RN to wait a minimum of twelve months prior to taking the course again.

Qualifications and Prerequisites

- Approved application (application is reviewed and approved by the Director of NDP)
- Current MAS Nurse certificate (must provide copy)
- Unencumber AL RN License
- Copy of CE record documenting completion of the following trainings located on the Alabama Board of Nursing webpage:
 1. Scope of Practice: Basic for AL Nurse
 2. Delegation & Assignment: Definitions & the Application
- Copy of 6 MAC I certificates (demonstrating review of MAC I curriculum)
- *Copy and Review (Bring to class)*
 - MAS Nurse Manual
 - NDP Forms
 - Quick Facts for MACs
 - AL Nurse Practice Act
 - ABN Administrative Code (Standards of Nursing Practice)
 - ADMH Administrative Code (Including ADMH Incident Prevention and Management System – IPMS)
 - ANA Nursing Code of Ethics
- Review of psychotropic medications and side effects
- Review of appropriate clinical monitoring and care of persons with mental disorders

Instructions

To register for the Medication Assistant Train-the-Trainer Course, please complete the attached form by typing or legibly printing the requested information in the spaces provided. If more space is required, please add additional sheets.

Confirmation of registration, acceptance in the course and course materials will be emailed to you at the preferred email address you indicate.

Email ***completed*** registration form and requested information to Vanessa.Prater@mh.alabama.gov. Registration forms must be received a minimum of 72 hours prior to the class for which you are registering. If you have any questions, please contact:

Vanessa B. Prater, BSN, RN

Director, ADMH/NDP

(334)242-3217 (Office)

Vanessa.Prater@mh.alabama.gov (Email)

Incomplete registration forms or registration forms received late will be returned.

MAS RN Information

NAME: _____
 FIRST MI LAST

HOME ADDRESS _____
 CITY COUNTY

 _____ _____
 STATE ZIP CODE

EMAIL ADDRESS: _____

TELEPHONE: (____) _____ (Cell)
 (____) _____ (Home)

ABN LICENSE # _____

ADMH Certified Agency Information

Agency Name: _____

Agency Executive Director: _____

Agency Address: _____
 Street or P.O Box Number

 City, State, Zip Code

Agency Telephone: (____) _____

Supervisor's Name: _____

Supervisor's Signature: _____

Residential Work experience Information and MAC Classes Taught

This section must be completed in order to determine eligibility. Please indicate your experience as a MAS RN in an ADMH community setting. If you need more spaces, please use additional sheets using the same format.

1. Present Employer		
Your Title	Years/Months in current position	Total years/month as a MAS RN
Immediate Supervisor		
Duties		
2. Past Employer		
Your Title	Years/Month in position	Total years/months at agency
Immediate Supervisor		
Duties		

Verification of MAC Trainings Completed

*Attach copies of the MAC Education Logs for a minimum of two MAC I Trainings that **you** conducted*

Self-Declaration

I declare that all of the information included in this registration form and all attachments are true and complete. I will comply will the requirements of the Nurse Delegation Medication Assistant Train-the-Trainer Program and applicable regulatory and administrative rules set forth.

Signature _____ Date _____