**Medication Assistant Certification Endorsement (MACE)**

**Training Program Application**

**Instructions:**

* To apply to open a new MACE training program, please complete the following application.

* **Please Note**: To be eligible to open a MACE training program, you must already be operating a nursing assistant training program in good standing [WAC 246-841A-390(10)(a)](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-390&pdf=true) and [WAC 246-841A-590(1)(a)](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-590&pdf=true).

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| Medication Assistant Certification Endorsement (MACE) Training Program Application | | | | | |
| 1. Demographic Information | | | | | |
| UBI #: | | Federal Tax ID #: | | | |
| Legal Name of Sponsoring Agency/Facility/Hospital/School/ or Other Entity: | | | | | |
| Mailing Address of Program: | | | | | |
| City: | State: | | Zip Code: | | County: |
| Physical Address (if different than mailing address) | | | | | |
| City: | State: | | Zip Code: | | County: |
| Program Phone (10 digit #): | | | Cellular Phone (10 digit #): | | |
| Program Email: | | | | | |
| Name of Agency Owner: | | | | | |
| Owner Email: | | | | Phone Number (10 digit #): | |
| Name of Program Director: | | | | | |
| Program Director Email: | | | | Phone Number (10 digit #): | |

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| 1. Program Information   **Please answer the following questions (attach additional pages if you need more space).** | |
| 1. **Classroom Space & Resources** 2. Describe the classroom space allotted to the training program: 3. Please submit pictures with your application to demonstrate the program has a classroom space that meets requirements and is suitable for teaching and learning. | |
| 1. **Skills Lab and Equipment & Supplies**    1. Describe the skills lab space:    2. View the equipment and supplies required for MACE programs [[WAC 246-841A-590(3)(a-e)](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-590&pdf=true)] and attest here with your initials and the date that you have them available to begin offering classes:  *Enter Your Initials* and *Click on Date*    3. Please submit pictures with your application to demonstrate the program has the required skills lab equipment and supplies available. | |
| 1. **Training Program Hours**     1. List the number of training hours proposed for your training program. Provide the Total Program Hours and the breakdown of hours for Classroom/Theory, Skills Lab, and Clinical training hours: 2. Total Program Hours:   2. Classroom Hours: Skills Lab Hours:  Clinical Hours: | |
| 1. **Training Resources**    1. List the textbook resource for your training program (title, publisher, year):    2. List other resources you will use in your training program (videos, websites, etc.). Please provide publisher/year information and/or direct link(s) to websites: | |
| 1. **Registered Nurse (RN) Instructors** | |
| Only RNs can teach MACE classes, per [WAC 246-841A-590(2)(c)](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-590&pdf=true). List all RN instructors (First Name, Last Name) for training program and submit applications for each instructor listed. Attach additional pages if you need more space. | |
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| 1. **Nursing Home Clinical Facilities** | | | | |
| MACE clinicals must take place in a nursing home. List all nursing homes where you will provide clinical training and include an affiliation agreement for each site with the program application. Attach additional pages if you need more space. | | | | |
| **Name of Facility** | **Address** | **Phone (10 digit #)** | | |
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| 1. Required Online Orientation | | | |
| Key program personnel must attend an online orientation prior to submitting a program application. Please indicate the date you attended or email WABON staff at [WABONEducation@doh.wa.gov](mailto:WABONEducation@doh.wa.gov) for upcoming dates, times, and a link to join. | | | Date: *Enter Date* |
| 1. **Attestation and Signature** | | | |
| I, , understand that, in accordance with [WAC 246-841A-420](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true), I must submit the additional items listed below together with this application to create a complete application for a new MACE training program. I understand the Washington State Board of Nursing (WABON, formerly called the Nursing Care Quality Assurance Commission) must approve my application before classes can be offered. I also understand I must obtain approval from any other regulatory agencies as required before classes can be offered, per [WAC 246-841A-420(2)(g).](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true)  **The additional required items to submit with this application include:**   |  |  | | --- | --- | | * **A Program Owner Declaration** | * **A Clinical Skills Checklist** | | * **A Program Director Application** | * **A Student Record** | | * **A Program Director Declaration for MACE programs** | * **An Attendance Record** | | * **A Program Instructor Application(s)** | * **A Clinical Affiliation Agreement** | | * **A Curriculum Implementation Plan with Schedule** | * Photographs of Space, Equipment, and Supplies | | * **A Student Enrollment Agreement (or equivalent)** | Verification of approval of applicable co-approving agency per[WAC 246-841A-420(2)(g).](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true) | | * **A Skills Lab Checklist** |   **Signature of applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** *Enter Date*  **Please print, sign, and return via email to** [**WABONEducation@doh.wa.gov**](mailto:WABONEducation@doh.wa.gov) | | | |