



Nursing Care Quality Assurance Commission  
Nursing Education  
[ncqac.education@doh.wa.gov](mailto:ncqac.education@doh.wa.gov)

## Medication Assistant Training Program Declaration of Program Director

I, \_\_\_\_\_ program director for \_\_\_\_\_  
certify that I have read and understand the responsibilities of program director in an approved program. I further certify that I will develop and implement a curriculum that meets the requirements of [WAC 246-841-586](#) and [WAC 246-841-595](#) and assume compliance with and responsibility for all regulations as stipulated in these rules am responsible for all classroom and clinical training content and instruction.

I will create and maintain an environment conducive to teaching and learning. I will select and supervise all other instructors involved in the course, to include clinical instructors. Instructional staff may assist in development of curriculum, teaching modalities, and evaluation but will in all cases be under my supervision.

I will use the National Counsel State Boards of Nursing curriculum. I will determine the amount of time based on regulation and needs of students required in the curriculum to achieve the objectives, which will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies medication assistants must hold. I certify that I will notify the Nursing Care Quality Assurance Commission (NCQAC) of any changes in the overall curriculum plan or major curriculum content change two months prior to implementation. I will notify the Commission of any changes in clinical practice facilities, program name, ownership, legal status, and credit status impacting the program's ability to sustain itself financially.

I will ensure that the student clinical experience is directly supervised by me or by an instructor who is observing students performing tasks. I will ensure that clinical instructors do not have concurrent duties during the time they are instructing students. I will assure that students are not asked to, or allowed to pass any medications or perform any treatments with patients without demonstrating the task in a practice setting. I will also ensure that students wear name tags that clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

I will verify that all certified nursing assistants have a valid certification and required practice hours before admission to this program. I will ensure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course. I will assure that students receive a verification of completion or confirm electronically with the Department of Health when requirements of the course have been met satisfactorily.

I also agree to any on-site survey of the training program as requested by the Nursing Care Quality Assurance Commission.

I will also notify the Nursing Care Quality Assurance Commission within 72 hours when I am no longer the program director as listed on this application.

**Please send any changes in program director, curriculum, or program status to the address listed above.**

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Signature of Applicant

Today's Date