**Program Director Declaration**

**Medication Assistant-Certified Endorsement Program**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, program director for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have read and understand the responsibilities of program director in an approved program as identified in [WAC Chapter 246-841A](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A), and I agree to comply with these regulations., including sections 589 through 595.

I certify that I will communicate directly with the Washington State Board of Nursing (WABON, formerly known as the Nursing Care Quality Assurance Commission) in all matters regarding the program.

I further certify that I will develop an implementation plan for teaching the complete medication assistant-certified model curriculum provided by the National Council of State Boards of Nursing (NCSBN). I will ensure that the curriculum will include instruction on tasks that a medication assistant may and may not perform as listed in [WAC 246-841A-589](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-589&pdf=true). I will create and maintain an environment conducive to teaching and learning. I will select and supervise all instructors involved in the course, including guest lecturers.Instructional staff may assist in development of curriculum, teaching modalities, and evaluation but will in all cases be under my supervision.

I will implement program hours that meet the minimum requirements; I will do this to support each student's attainment of the professional knowledge, skills, and behaviors of a competent medication assistant. In accordance with [WAC 246-841A-420(7),](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true) I certify that I will submit all program change requests on forms provided by WABON and receive approval prior to implementation of the change. Examples of program changes include but are not limited to: program personnel, curriculum plan, and program location.

I will ensure that nursing assistant-certified applicants to this program will meet the initial applicant requirements identified in [WAC 246-841A-595(1),](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-595&pdf=true) before accepting them into the program.

I will ensure that instructor-led clinical training is directly supervised by me or an RN instructor who is on-site at all times to supervise, teach, and evaluate student performance. 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, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor. I will also ensure that students wear name tags that clearly always identify them as students or trainees in interactions with patients, clients, and families.

Prior to issuing verification of successful course completion, I will ensure and document the competency evaluation of each students' knowledge and skills as identified in the NCSBN model curriculum and [WAC 246-841A-589](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-589&pdf=true). Without delay upon each student's successful completion of course requirements I will:

1. issue a certificate of completion on a form provided by the WABON.

(b) provide electronic verification of successful course completion as necessary.

I agree to any in-person or onlineon-site survey of the training program as required by [WAC 246-841A-420(4).](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true)

I will notify WABON within 72 hours when I am no longer the program director as listed on this application.

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**Signature of Applicant** **Date**