

APPLICATION - AMAP RN ORIENTATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit #
City State ZIP Code

Phone: () E-mail Address: _____

RN License #: _____

FACILITY

Facility or Agency Name: _____

Address: _____

Facility Type: (Check one)
ICF/MR Assisted Living Facility
Adult Family Care (AFC) Behavioral Health Facility Private Residence with Home Health Services

In accordance with the Medication Administration by Unlicensed Personnel Act (W.Va. Code 16-50), for a registered professional nurse (RN) to receive authorization to train facility staff members to administer medications, the RN must: 1) meet all of the requirements outline in the Act, and 2) have completed an approved registered nurse orientation course provided by WVDHHR.

- YES NO Are you currently practicing as an actively licensed registered professional nurse in good standing in West Virginia? (Please submit a photocopy of your current RN license to this office for review.)
YES NO Have you practiced as a registered professional nurse in a position or capacity requiring knowledge of medications in the immediate two years prior to completing this application?
YES NO Are you familiar with the nursing care needs of residents in the type of facility in which the unlicensed personnel will be administering medications (i.e., intermediate care facility for the mentally retarded, assisted living, behavioral health group home, private residence in which health care services are provided under the supervision of an RN, or an adult family care home that is licensed by or approved by the department)?
YES NO Are you knowledgeable of all of your facility's policies and procedures pertaining to the medication administration, as well as W.Va. State Code 16-50?

IMMEDIATE PAST EMPLOYMENT

Employer: _____ Phone: () _____

Address: _____ State: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

PREVIOUS EMPLOYMENT

Employer: _____ Phone: () _____
Address: _____ State: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

PREVIOUS EMPLOYMENT

Employer: _____ Phone: () _____
Address: _____ State: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

REQUIRED DOCUMENTATION

Please submit the following documentation for review to this office:

- 1) Provide a description of your affiliation with the facility in which you wish to conduct the class, with written verification of your affiliation from the administrator of the facility.
- 2) If you are not registering on-line, please attach **Items #1** to this application and submit to the address listed below.

This orientation course will be offered as a web-based program at the address listed below. This office will notify all participants, as well as the facilities, in writing with the pertinent information required to access the web-based tutorial course.

List 3 date choices that you would be available to take the course 1. _____ 2. _____ 3. _____

A copy of the manual can be obtained from the OHFLAC webpage @ WWW.WVDHHR.ORG/OHFLAC , select AMAP on the left hand side of the page. If you have any questions, please contact OHFLAC AMAP RN-Orientation Attention: Nursing Assistant Program – OA II.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to being granted the privilege to take the RN Orientation course, I understand that false or misleading information in my application may result in this privilege being revoked and I may be reported to the WV RN Board.

Signature: _____ Date: _____

Mail applications to:

**OHFLAC – AMAP RN-Orientation
408 Leon Sullivan Way
Charleston, WV 25301-1713
Attention: AMAP- RN Orientation/NA Program - OA II
Telephone: (304) 558-0688 Fax: (304) 558-1442**