

CMT Instructor/Examiner Teaching Methods

Instructor Shellie Goodin, RN

Course Held

Mo Health Care Association
236 Metro Drive
Jefferson City, Mo 65109

This workshop will certify RNs to instruct and/or examine medication technicians. The seminar is designed for Missouri-licensed RNs.

WORKSHOP GOALS

- * Interpret 13 CSR 15-13.020 Medication Technician Training Program.
- * Understand and apply adult learning principles and techniques in the classroom and clinical facility.
- * Implement the Medication Technician Training Program according to state statutes.

CLASS MATERIALS

Attendees must bring the Medication Technician Instructor manual to the workshop. Manuals may be ordered from Instructional Materials Laboratory, 2316 Industrial Drive, Columbia, MO 65211, 1-800-669-2465.

STATE CERTIFICATION REQUIREMENTS

Upon completion of this course you will need to contact the Department of Elementary and Secondary Education at 573-751-7764 to obtain a teaching certificate and if the class will be held in a LTC Facility you will need to contract with an Area Vocational-Technical School, or Community College as your sponsoring agency.

AGENDA

8:15 AM REGISTRATION/CHECK-IN
8:30 - 11:00 WORKSHOP

REGISTRATION FEES

The registration fee for the workshop is \$100 Advance registration is required. The advance fee includes the cost of all conference materials, except the instructor manual, and other amenities involved in making this a pleasant learning experience.

REFUNDS: Registration fees except a \$15.00 non-refundable processing fee, will be refunded if cancellation is received in our office one week prior to the conference. No refunds will be made after that date. You may, however, send an alternate.

CANCELLATIONS: We reserve the right to cancel the program if insufficient enrollment occurs. You will be notified prior to the conference date and a full refund will be sent to you.

COURSE DATE

JUNE 13, 2017

Missouri Health Care Association
&
Missouri Association of Nursing Home Administrators
Sponsored by

Department of Health and Senior Services-approved training

**CMT INSTRUCTOR-EXAMINER
TEACHING METHODS**

REGISTRATION: CMT INSTRUCTOR-EXAMINER

DATE REGISTERING FOR: _____

Legal Name _____ State License No. _____

Home Phone _____ Social Security No. _____

Home Address _____

Facility Name _____ Phone _____ Fax: _____

Enclosed is \$ _____ Method of Payment (circle one): Check VISA Mastercard Discover

Credit card No. _____ Expiration Date _____

*If more than one person is attending, from a facility, please copy this form and send in separate forms for each person. Return registrations & copy of RN license with payment to **MANHA**, 4100 Country Club Drive, Jefferson City, Mo, 65109. Or fax 573/634-8590*