



Missouri Health Care Association



CMT INSTRUCTOR WORKSHOP

TRAIN THE TRAINER SERIES

Purpose & Objectives

This state-required and MO Dept. of Health & Senior Services-approved workshop is designed to prepare RNs to instruct medication technician students for long term care facilities in Missouri. Upon completion, participants will be able to:

- Identify MO Dept. of Health & Senior Services and Department of Elementary and Secondary Education requirements and regulations for the Medication Technician training
- Utilize appropriate testing methods
- Determine appropriate curriculum
- List requirements of examination and registration process

Criteria for a CMT Instructor

- Currently licensed to practice as a Registered Nurse in the State of Missouri with at least two (2) years experience
- Shall meet state certification requirements
- Hold a current teaching certificate from the Dept of Elementary & Secondary Education, Division of Career & Adult Education
- Be responsible to a sponsoring education agency: area vocational school, comprehensive high school, community or junior college

Certificate of Attendance

In order to receive a certificate, you must attend the entire workshop. Upon successful completion, a certificate will be mailed to the facility or individual that paid for the course. *Certificates cannot be issued until full payment is received.*

Instructor

Susan Callison, RN – Susan started her career as a CNA, continuing her education to become a Registered Nurse. During her time in nursing school she worked in both long term care and acute care facilities, giving her additional experience in the industry. Susan has been employed the past 25 years at SSM Healthcare where her duties include patient care, charge nurse responsibilities, education coordinator and more.

Location

June 5, 2019

MHCA Office

236 Metro Drive

Jefferson City, MO 65109

Agenda

Registration: 8:15 – 8:30 am

Seminar: 8:30 am – 12:00 pm

Cost

\$80 per person

Questions?

Shauna Frank

Education & Events Assistant

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MHCA

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CMT Instructor Workshop – June 5, 2019 – Jefferson City, MO

Attendee Name: _____

Facility Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Payment Method

Check Enclosed Visa MasterCard American Express *(3.5% service fee applies)*

Credit Card #: _____ - _____ - _____

Exp. Date: _____ / _____ **Security Code:** _____

Signature: _____

Register online at www.mohealthcare.com