



Arkansas State Board of Nursing

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Instructions for Notification of Intent To Use Medication Assistants-Certified in Nursing Homes

Arkansas Code Annotated § 17-87-703 Designated Facilities, (b)(2) requires that “if a designated facility elects to use medication assistive personnel, the facility shall notify the board in a manner prescribed by the board.”

The Arkansas State Board of Nursing, Rules, Chapter 8 Medication Assistant-Certified, Section VII – Nursing Homes Utilizing MA-C states “Nursing homes utilizing MA-C persons shall notify the Board, on forms supplied by the Board. The notification shall be signed by the facility administrator and the director of nursing”.

- Complete and sign the NOTIFICATION OF INTENT TO USE MEDICATION ASSISTANTS –CERTIFIED (MA-Cs) IN NURSING HOMES form on the next page.
- Return form to: Arkansas State Board of Nursing, University Tower Building, 1123 S. University, Suite 800 Little Rock, AR 72204 to the attention of Dr. Jackie Murphree.
- If you have questions, call 501-686-2742.

**NOTIFICATION OF INTENT
TO USE MEDICATION ASSISTANTS - CERTIFIED(MA-Cs) IN
NURSING HOMES**

*If nursing home is a chain, each home using MA-Cs will need to
submit a Notification of Intent.

Name of Nursing Home: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Director of Nursing: _____

Email Address: _____

Number of MA-Cs planned to be used: _____

Shifts that MA-Cs will be utilized (check all that apply):

7-3 _____ 3-11 _____ 11-7 _____

If you have a rehabilitation unit, will you use MA-Cs in this area? _____

Number of MA-Cs that each registered or licensed nurse will be supervising during the shift:

Number of residents that each MA-C will administer medication to:

Does your institution plan to offer the MA-Cs continuing education(CE) related to medication administration that meets Board approval for CE requirements for certification renewal?

Do you have written policies that include the role of the MA-C in your institution?

Has anyone in your institution worked with medication assistants in other states? _____

If so, what states? _____

I agree to comply with the Arkansas State Board of Nursing Rules Chapter 8, related to Medication Assistants. I also agree to notify the Arkansas State Board of Nursing if a Medication Assistant-Certified violates Chapter 8, is placed on the Office of Long-Term Care Abuse Registry or is removed from the state's certified nurse aide registry, or has a positive criminal background check.

Signature Administrator

Signature DON

Printed Name and Date

Printed Name and Date

Please return form by mail to: Attention: Dr. Jackie Murphree, Arkansas State Board of Nursing
University Tower Building, 1123 S. University, Suite 800 Little Rock, Arkansas 72204