**Medical Attendant Certified (MAC)**

**State Approved Training Program Application**

Application Date: Click or tap to enter a date.

Training Program Name: Click or tap here to enter Training Program Name.

Training Program Address: Click or tap here to enter program address.

Training Program Telephone: Click or tap here to enter telephone number.

Training Program Email: Click or tap here to enter program email address.

Each training and competency evaluation program shall:

1. maintain qualified, approved RNs and LPNs for classroom and clinical instruction;
2. protect the integrity of the competency evaluations by keeping them secure;
3. utilize a pass rate of at least 80 percent for each individual student; and
4. assure the curriculum meets state requirements.

**Program Coordinator:** Enter name of program coordinator **\*Attach supporting documentation of qualifications.**

The program coordinator provides general supervision of the training received by the MAC trainees. The program coordinator shall be a registered nurse (RN) with a minimum of two years nursing experience, of at least one year must be in caring for the elderly or chronically ill obtained by employment in any of the following:

1. a licensed long term care facility;
2. a geriatrics department;
3. a chronic care hospital;
4. other long-term care setting; or
5. experience in varied responsibilities including, but not limited to, direct resident care or supervision and staff education; and b. completion of Vocational Trade and Industrial Education (VTIE) or Career and Technical Trade and Industrial Education (CTTIE) licensure, “train the trainer” type program, or a master’s degree or higher.

**Instructors:** **\*Attach a list to include the full name and license numbers for all RNs and Licensed Practical Nurses (LPN) approved for classroom and clinical instruction**. **Provide supporting documentation of the required experience for each LPN instructor.**

Instructors shall be RNs or LPNs in a ratio such that not less than **50 percent** of the instructors are **RNs** and shall hold a current, unencumbered Louisiana nursing license. LPNs under the direct supervision of the coordinator, may provide classroom and clinical skills instruction and supervision of trainees if they have two years of experience in caring for the elderly and/or chronically ill of any age or have equivalent experience. Such experience may be obtained through employment in:

1. a licensed long term care (LLCF) facility;
2. a geriatrics department;
3. a chronic care hospital; or
4. another long-term care setting.

The ratio of instructors to trainees in clinical training shall not exceed 1:5 and the ratio of instructors to trainees in the classroom shall not exceed 1:15. **\*Attach a copy of your policy and Procedure for instructor to trainee ratios.**

**Program Trainers**: Qualified resource personnel from the health field may participate as program trainers as needed for discussion or demonstration of specialized medication procedures. **\*Attach a list to include the full name and license numbers for any resource personnel approved as a program trainer.**

Qualified resource personnel shall have a minimum of one year of current experience in caring for the elderly and/or chronically ill in their health care field and shall be licensed, registered and/or certified, if applicable, and may include: **\*Attach a copy of your policy and procedure for program trainers.**

1. registered nurses;
2. licensed practical/vocational nurses;
3. pharmacists;
4. dieticians;
5. LLCF;
6. Gerontologists;
7. physical therapists and occupational therapists;
8. activities specialists;
9. speech/language/hearing therapists

**Trainees:** Each MAC trainee shall be clearly identified as a trainee during all clinical portions of the training. Identification should be recognizable to residents, family members, visitors and staff. Trainees shall take the competency evaluation (through skills demonstration and written examination) within 30 days after completion of the training program. Trainees will be given a maximum of two opportunities within 90 days following completion of the training program to successfully complete the competency evaluation program. If a trainee fails to successfully complete the competency evaluation program, he or she shall re-enroll in the approved training program. **\*Attach a copy of your policy and procedure for Trainees.**

**Training Curriculum:**

The goal of the MAC training and competency evaluation program is the provision of safe, effective and timely administration of medication to residents by MACs who are able to: **\*Attach a copy of your training program goals.**

1. communicate and interact competently on a one-to-one basis with residents as part of the team implementing resident care;
2. demonstrate sensitivity to the resident's emotional, social and mental health needs through skillful, directed interactions;
3. exhibit behavior to support and promote the rights of residents; and
4. demonstrate proficiency in the skills related to medication administration.

Each MAC training program shall provide all trainees with a LLCF orientation that is not included in the required minimum 120 hours of core curriculum. The orientation program shall include, but is not limited to: **\*Attach a copy of your policy and procedure for MAC orientation.**

1. an explanation of the facility's organizational structure;
2. the facility's policies and procedures;
3. discussion of the facility's philosophy of care;
4. a description of the resident population; and
5. employee policies and procedures.

The core curriculum content for the training program must include material which provides a basic level of knowledge and demonstrable skills for each individual completing the program. The content should include the needs of populations which may be served by an individual LLCF.

1. The core curriculum shall be a minimum of **120 hours in length** which shall include a minimum of **45 clinical hours**.
2. Each unit objective shall be behaviorally-stated for each topic of instruction. Each objective must state performance criteria which are measurable and will serve as the basis for the competency evaluation.

**\*Attach a copy of the training program curriculum which shall include all requirements described in Chapter 100. Nurse Aide Training and Competency Evaluation Program, Subchapter G. Medication Attendant Certified part §10085. Training Curriculum.**

**Competency Evaluation: \*Attach a copy of your Competency Evaluation policy and procedure.**

* 1. A competency evaluation shall be developed by the training entity and conducted to ensure that each trainee, at a minimum, is able to demonstrate competencies taught in each part of the training curriculum.
  2. Written examinations shall be provided by the training entity or organizations approved by the department. The examination shall reflect the content and emphasis of the training curriculum and will be developed in accordance with accepted educational principles.
  3. The entity responsible for the training and competency evaluation shall report to the registry the names of all individuals who have satisfactorily completed the curriculum after the training is completed. Within 15 days after a MAC has successfully completed the training and competency evaluation, the training entity shall notify the registry.

Attestation:

I, Authorized Representative, (title), an authorized representative of Name of Training Program, attest that Name of Training Program will provide a training program in accordance with all current LDH rules and regulations pertaining to MACs. Furthermore, I attest that Name of Training Program will maintain any required records, and provide such records to LDH in accordance with the LDH MAC rules and regulations.

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(Signature & Date of Authorized Representative)

Authorized Person’s: Email Address

Authorized Person’s: Direct Telephone Number

Email Forms to: [HSS-MAC@LA.GOV](mailto:HSS-MAC@LA.GOV) or;

Mail Forms to: LDH Health Standards Section

P.O. Box 3767

Baton Rouge, LA 70821

Attn: MAC Program Manager