



## Trained Medication Aide (TMA) – Fall 2021

### Continuing Education & Customized Training

2101 Trinity Road, Duluth, MN 55811

218-733-5924 • [continuingeducation@lsc.edu](mailto:continuingeducation@lsc.edu)

This course is an introduction to medication administration for non-licensed personnel working in long term or residential care settings under the supervision of a registered nurse. It includes the study of legal requirements, safety measures, terminology, body systems, and the use of references related to the administration of medications. Students will study actions, dosages, toxic symptoms, and special considerations of commonly prescribed medications. Students will practice the administration of oral, topical, optic, ophthalmic, and rectal forms of medications in a lab setting. This course meets the requirements of the Minnesota Department of Health.

**Note: per State of Minnesota Administrative Rule 4658.1360 subpart 2, Individuals who wish to work as a TMA in a skilled nursing home or licensed boarding care facility must be 18 years or older and on the Nursing Assistant Registry and have completed a Minnesota Department of Health Approved Nursing Assistant program. Documentation of completion of approved course is required on the first day of class.**

Course #	Cost	Date, Location
WDCL – 1830 - 20223-31	<p><b>\$660</b></p> <p>Included in tuition: Textbook, MedPass Testout Kit</p>	<p>August 24 - October 19, 2021</p> <p>Facilitated Online</p>

### Personal Information

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Company name \_\_\_\_\_

Company address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Last 4 digits Social Security# \_\_\_\_\_

### Race and Ethic Background

### Gender

Circle or check any that apply below:

Check or circle below:

American Indian,  Alaska Native,  Asian,  Black or African American,  Hispanic or Latino,  White, or  Unknown

Male  
 Female

## Registration Options

**Register online:** <https://www.lsc.edu/training>; **Email** form to: [continuingeducation@lsc.edu](mailto:continuingeducation@lsc.edu);

**Phone** in registration form details to: 218-733-7680; **Mail** form to: Continuing Education & Customized Training; Room L230; 2101 Trinity Road Duluth, MN 55811

**Registrations or changes to existing registrations, including cancellations, will be accepted until 12:00 pm two business days prior to the first class. No refunds will be issued after this date.**

## Payment Options

Circle or check one option below:

Cash. Contact Registrar at 218-733-7680 to process registration in person - Room L230.

Invoice. Provide company name to issue invoice: \_\_\_\_\_

Check. Provide check # enclosed: \_\_\_\_\_ (Make checks payable to *Lake Superior College*.)

Contracted. Course payment by terms as outlined within Contract.

Credit Card. Contact Registrar at 218-733-7680 to process registration and pay with credit card by phone.

## Payment Receipt

Circle or check "Yes" if you wish to receive a course payment receipt, or "No" if you do not require a payment receipt.

No

Yes. If Yes, to which destination?

Email \_\_\_\_\_

Home address

Company address

Fax Number \_\_\_\_\_

## Disability Coordinator

**Individuals with a documented disability may request reasonable accommodations from the LSC Disability Coordinator at 218-733-7650 (voice) or 800-627-3529 (MSR/TTY).**

## Tax Deductibility Notice

Classes may be tax deductible under Hope Scholarship and Life-Long Learning tax laws. Your social security number must be provided to claim either of these deductions. Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number, birth date, gender, and ethnic background is voluntary. If you do not provide this information, your application will still be processed. This data is requested for purposes of administration, program evaluation, and consumer and alumni data. The data may also be used to create summary information about MNSCU programs through data matches with other state agencies.

**\*To receive college credit for this course, please fill out the following page.**

### **College Credit Disclosure Form**

**If you would like college credits for your training, you must have a social security number on file.** Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number, birth date, gender, and ethnic background is voluntary. If you do not provide this information, your application will still be processed, however, you will not receive college credit. This data is requested for purposes of administration, program evaluation, and consumer and alumni data. The data may also be used to create summary information about Minnesota State programs through data matches with other state agencies.

By requesting credit for this class, these courses will be on your official academic record. In the event you take future college courses at another institution, they could want you to request official transcripts from Lake Superior College. If you need to request a transcript, you may do so at [www.getmytranscript.com](http://www.getmytranscript.com) or <http://www.lsc.edu/currentstudents/records-registration/transcripts/>

If you are enrolled in six (6) or more credits, your enrollment will automatically be reported to your loan servicer in the semester that your registration appears. This could cause your loans to go into automatic in-school deferment. If you would like to continue to make payments on your loans, please contact your loan servicer for instructions on how to do this. You can access your loan information electronically at [www.nslds.ed.gov](http://www.nslds.ed.gov) using your FSA ID and password.

**By signing, I am requesting to receive two (2) college credits for ALTH 1436 Medication Administration for Non-Licensed personnel and acknowledge that I understand the academic and financial aid implications of requesting college credit for this class at Lake Superior College.**

**Print Name Legibly** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**LSC Student ID (if unknown, leave blank)** \_\_\_\_\_