

Certified Medication Aide Skills Performance Checklist

Student/Nurse Aide Name: _____

Training Program Name/Training Code: _____

Skill	Date Demonstrated in Lab	Date Demonstrated at Clinical Site	Date Needs Practice (Unsatisfactory)	Date Proficient (Satisfactory)	Instructor Initials	Trainee Initials
Infection Control						
Handwashing						
Gloving/On - Off						
Vital Signs						
Blood pressure						
Apical pulse						
Radial pulse						
Respirations						
Temperature						
Medication Routes						
Eye Medication						
Ointment						
Drops						
Ear Medication						
Nasal Medication						
Spray***						
Drops						
Oral Medication						
Tablet/Capsule						
Liquid						
Topical Medication						
Creams						
Ointments						
Patches						
Vaginal Medication						
Cream						
Suppository						
Rectal Medication						
Cream						
Suppository						

***Per 310:677-13-7(b)(8) A CMA shall not administer medications or nutrition via nasogastric or gastrostomy tubes, or administer oral metered dose inhalers or nebulizers, unless the CMA has completed a Department approved advanced training program and has demonstrated competency for such services.

Student/Nurse Aide Signature: _____ Initials: _____

Instructor/Nurse Supervisor Signature: _____ Initials: _____

Instructor/Nurse Supervisor Signature: _____ Initials: _____