Kilgore College Medication Administration Registration Packet

What You Need to Do Next:

To register for Medication Administration and secure your spot, email all required documents as a complete packet to **SHSCE@KILGORE.EDU** by the registration deadline on **January 8, 2027. Course Dates: January 20, 2027- March 24, 2027**

Important Notes: Payment Due at Registration (Once Paperwork as been approved)

- You are not officially registered until we have received all required documents.
- This is a high-demand course with a maximum of 20 students, and registration is on a first-come, first-served basis.
- To avoid delays, please ensure your packet is complete when submitted.
- If you are emailing your documents, please download a PDF scanner app such CamScanner, Genius Scan, etc. to email a clear legible copies of your documents. To bring your registration documents in person our office is located on the Kilgore Campus:
    - Torrence Health Sciences Education Center; Office 106
      1610 S. Henderson Blvd. Kilgore, Tx 75662

Step 1 - Submit Required Documents:

Please email or deliver clear copies of the following:

- Driver's License or State Issued ID
- Kilgore College Financial Agreement
- High School Diploma, Transcript, or GED
- Long-Term Care Facility Commitment Form (to verify commitment from facility)
- Verification of Student Qualifications
- If documents are missing, you will be notified by email
- Please utilize checklist included in this packet to verify you have all required documents
- DO NOT send your documents until you have EVERYTHING, please send it all in 1 email

Step 2 – Make Tuition Payment & Purchase Textbooks

- When you have turned in all documents, you will receive an email titled "Registration Complete" with the next steps of the registration process
- **DO NOT MAKE TUITION PAYMENT UNTIL YOU RECEIVE A "REGISTRATION COMPLETE" EMAIL**
- Textbook for this course to be purchased at the bookstore on Kilgore Campus
    - Administering Medications : Pharmacology for Healthcare Professionals 10th Edition Connect Access + Book - $199.99
    - ISBN - 978-1-265-89218-0
- If using Grant; instructions on how to apply are attached (TPEG)
    - Please notify us if you plan to utilize this grant

Class Details

- **Location:** Torrence Health Sciences Education Center, Building G10
    - 1610 S. Henderson Blvd. Kilgore, Tx 75662
- **Duration:** 9 Weeks - January 20, 2027- March 24, 2027
- **Schedule:** Hybrid
    - Class Meets On Campus 4 times; 3 times for skills lab and 1 time for student orientation (Outline and Schedule attached, dates for skills labs will announced first day of class)
    - Assignments are completely self-paced Online
- **Tuition:** $765.00

Required Supplies

- Textbook w/ access code, pens/pencils
- Laptop or Tablet
- Because this is a Hybrid course you are required to have Laptop or Tablet with reliable internet service

If you have any questions, please contact **Kristen Turner at Kturner1@kilgore.edu**.

WORKFORCE DEVELOPMENT

COMMUNITY EDUCATION

Kilgore College WDCE Course Registration Form

Please Note: This is a fillable PDF form and should not be completed by hand. For best results, view and complete the form on a computer or smartphone using a PDF reader.

Date: _____

Social Security #: _____

In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: _____

Name: _____
(Last Name) (First Name) (Middle Initial)

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Business or Cell Phone ( ) _____

Email: _____

Date of Birth: _____ Gender: _____

US Citizen: _____ If no, what country? _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino?

   _____

2. Please select the racial category or categories with which you most closely identify.

   _____

_____ _____

Course Name Start Date

MEDICATION ADMINISTRATION (MED-AIDE) REGISTRATION CHECKLIST

NAME: _____ STUDENT ID: _____

_____Completed Registration Form

_____Copy of Driver's License

_____Copy of High School Diploma/Transcript/GED

_____Copy of current CNA license or facility statement on letterhead verifying required experience.

_____Long-term Care Facility Commitment Form (this documentation verifies student employment and commitment by facility).

_____Student and long-term Care Facility Verification of Qualifications

_____Clear Background Check

_____Payment of Tuition

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Kilgore College Financial Responsibility Agreement

By registering for classes or receiving services, I agree to the terms below. I need to sign this Agreement once while continuously enrolled; if I leave Kilgore College and later return, I must sign it again.

1. Payment Responsibility. I will pay all tuition, mandatory, course and lab fees; housing and meal plan charges; fines, penalties, miscellaneous charges; return-payment fees; and, when applicable, collection costs and attorney fees by published deadlines.

2. Deadlines and Nonpayment. Deadlines appear in the College catalog, student handbook, website, and registration materials. Nonpayment may result in course cancellation or schedule changes, registration holds, inability to register for future terms, collection referral, and withholding of diplomas/certificates/degrees as permitted by college policy and applicable regulations. Not receiving a bill or reminder does not remove my responsibility to pay.

3. Financial Aid. Aid depends on eligibility and available funding. I am responsible for amounts not covered by financial aid, scholarships, third-party sponsorships, waivers, or exemptions. If aid is reduced, canceled, returned, or adjusted, I will promptly pay the remaining balance. I understand that failure to maintain my student account in good financial standing, including unresolved past-due balances, may affect my eligibility to receive or renew institutional scholarships for future academic terms, subject to applicable scholarship requirements and college policies.

4. Returned Payments. If a payment is returned or rejected for any reason, including insufficient funds, stop payment, or disputed charges, the amount shall be reapplied to my account, and additional fees may be charged.

5. Refunds. Kilgore College may issue refunds under institutional policy and federal/state regulations and may first apply them to any amount I owe. Direct-deposit and third-party processor refunds are also subject to the provider's terms.

6. Communications. I authorize the College and its representatives to contact me about my student account, payment obligations, financial aid, and related matters by email, telephone, text message, automated systems, or mail. I will keep my contact information current.

7. Collection Activity. If my account becomes delinquent and is referred to a collection agency or attorney, I will pay reasonable collection costs, attorney fees, court costs, and other expenses permitted by law.

8. Account Review. My balance may change because of schedule, residency, financial aid, fee corrections, or other institutional updates. I will review my account regularly and remain responsible for any outstanding balance.

9. Governing Terms and Acknowledgment. This Agreement is governed by Kilgore College policies and procedures, applicable state and federal law, and standards consistent with National Association of College and University Business Officers (NACUBO) best practices. By registering, electronically accepting this Agreement, or receiving services, I confirm that I have read, understand, and agree to these terms. If I am younger than the applicable age of majority (18 years of age in the state of Texas) when I execute this Agreement, I acknowledge that the educational services provided are a necessity and that I am contractually obligated under the "doctrine of necessaries."

Acknowledgment and Signature

Student ID: _____ **Student Name:** _____

Student Signature: _____ **Date Signed:** _____

Kilgore College Medication Administration Course
Student and Long-Term Care Facility Verification of Qualifications

☐ I am currently employed working on an active basis as a CNA at a local nursing home, and I am listed as certifiedon the Texas Human Health Services nurse aide registry, and will be employed for the duration of the Medication Aide course.

To be working on an active basis, a PRN must work on the floor as a nurse aide a minimum (average) of one day per week.

OR

☐ I am employed as a non-licensed, direct care staff in a local facility other than a **Personal Facility licensed under Health & Safety Code 247, State School, or ICF-MR facility.** I have been in that position for at least 90 days during the past 12 months.

☐ I understand that employment in home care, hospital, or private duty nurse DOES NOT qualify me for this program.

☐ I understand that I must attend eve1y class, follow classroom policies, be punctual at all times, and stay to the end as scheduled for 130 hours of the 130 classroom hours, plus complete 10 hours of clinical experience.

☐ lean provide an original diploma or official transcript confirming my date of graduation from an accredited United States high school, college or university.

OR

☐ I can provide an original GED certificate.

OR

☐ I can provide an original letter from a US agency verifying my foreign education is equivalent to graduation from a US high school, college or university.

☐ I have confirmed with my facility administrator that I and the facility meet the requirements for me to complete the Medication Aide program and that I will be able to perform my clinical experience administering medication to long term care residents as described on the last page of this packet. If **any questions as to whether your facility qualifies you to take the class, please call the Medication Aide program, Texas Health and Human Services Commission (HHSC) at 512-438-2025.**

☐ My facility's administration can verify that I am free of communicable diseases and I am in suitable physical and emotional health to safely administer medication to long term patients.

Printed name of applicant	Applicant's signature	Date

I have reviewed the application packet and agree that my employee meets the qualifications and has my support to attend the Kilgore College Medication Aide Course.

Printed name of facility administrator	Facility administrator's signature	Date

Kilgore College Medication Aide Training
Course Long Term Care Facility Commitment
Form

_____
Printed name of applicant

is an employee in your facility and has chosen to apply for the Kilgore College Medication Aide (Basic) training course. Our training course is approved by Texas Health and Human Services and uses the curriculum mandated by Texas Health and Human Services. According to the Texas Health and Human Services, Medication Aide training requires:

- 100 hours of classroom instruction
- 20 hours of return skill demonstration in a lab setting
- **10 hours of clinical experience including clinical observation and skills demonstration Under the direct supervision of a licensed nurse in a facility**
- 10 additional hours of return skills demonstration

The course in which your employee wishes to participate is scheduled for January 7 - March 4, 2026. This is a hybrid course with 4 required days to come to campus; those days are Student Orientation (first day of class, and 3 days for skills lab in weeks 6, 7 and 9 (dates TBD). Our instructor will advise your employee of dates of clinical experience and when the skills checklist is due. The skills demonstration checklist used to assess student skills is disseminated approximately two weeks prior to the scheduled clinical experience. The state exam is tentatively scheduled two days following completion of the course in. The student will be emailed the location and classroom number for the exam. So, all parties are aware of the commitment your facility is making, we ask you to sign this document verifying your employee and acknowledging your facility commitment as follows:

- The employee is actually working on the floor as a nurse's aide.
- The student must spend 10 hours administering medication under the supervision of a licensed Nurse (which means either a LVN or RN) and it will likely be necessary to schedule the student for more than 10 hours to ensure a full 10 hours are spent administering medications.
- Your facility has the resources to allow the student to complete their clinical. This commitment Becomes void if the student's employment status is discontinued prior to the scheduled clinical

Printed Name of Facility: ----------

Printed Name of Facility Official: _____
Please indicate title such as Administrator, Director, or DON

Signature of Facility Official: _____

Date: .....

Completion of this form is required prior to enrollment in the Medication Aide Training course. If you should have questions or concerns please contact Jennifer Halton, 903-988-3787 or email me at jhalton@kilgore.edu

HHSC State Approved Medication Aide Course Schedule

INSTRUCTOR INFORMATION
Robin Lowrie, BSN, RN
Email: rlowrie@kilgore.edu

COURSE INFORMATION

Course Description
140 contact hour program approved by the Texas Health and Human Service Commission (HHSC), designed to provide certified nurse aides and non-licensed direct care staff persons with the skills necessary to accurately and safely administer medications in long term care facilities under the guidelines of the law.

Prerequisites (Standards § 557.107)

Eligibility for State Certification Examination
Successful completion of this course.
Completed clinical observation/performance.
Required documentation to the state along with required fees within 20 days of first class day.

EDUCATIONAL MATERIALS AND RESOURCES
Textbook Information:
Title: Administering Medications: Pharmacology for Healthcare Professionals
Author: Donna F. Gauwitz
Edition: 9th Edition, © 2020 by McGraw Hill
Book plus CONNECT resources required

Supplemental Materials:
• Texas Health and Human Services Texas Medication Aides Basic Course Curriculum for Nursing Facilities and related institutions
https://www.hhs.texas.gov/business/licensing-credentialing-regulation/long-term-care-credentialing/medication-aide-program/texas-medication-aides-curriculum
• Texas Administrative Code, Title 26, Part 1, Chapter 557: Medication Aides
http://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=557&rl=Y

Clinical Experience
A 10 hour skills performance period by each student within an approved long term care facility, the facility employing the student. Includes tasks performed by permitted medication aides and must be provided under the observation/direction of a licensed nurse. Students may not perform the clinical experience under the direction of a medication aide. **CLINCAL NOT done or NOT turned in ON TIME will result in student NOT completing the course.**

Grade Calculation	
Class assignments	An average of 80% is required for each textbook lesson and any supplemental assignments given.
Tests	Each test must be passed with a minimum score of 70%.
Final Exam	The final exam is comprehensive and covers material from the entire course. A minimum score of 70% is required.
Skills	Clinical skills will be demonstrated and will be rated: Satisfactory (S) or Unsatisfactory (U). HHS requires that students satisfactorily complete all skills. Students who cannot do this cannot complete the program. A student's class average has no bearing on clinical performance.

Course Outline and General Schedule

Module 1	Orientation – **ON CAMPUS/ 8:30 a.m. – 12:30 p.m.** Requirements, Rules and Regulations, Clinical Overview, Application Packet Chapter 1 – Orientation to Medications Chapter 2 – Principles of Drug Action TEST – Chapter 1 and 2
Module 2	Chapter 3 – Weights, measures and simple mathematics Chapter 5 – Medication Therapy Test – Chapter 3 and 5
Module 3	Chapter 7 – Antibiotics and Antifungals Chapter 8 – Drugs for the Eye and Ear Chapter 9 – Drugs for the Skin Test – Chapter 7, 8 and 9
Module 4	Chapter 10 – Drugs for the Cardiovascular System Chapter 11 – Drugs for the Respiratory System Test – Chapter 10 and 11
Module 5	Chapter 12 – Drugs for the Gastrointestinal System Chapter 13 – Drugs for the Urinary System Test – Chapter 12 and 13
Module 6	Chapter 14 – Drugs for the Reproductive System Chapter 15 – Drugs for the Endocrine System SKILLS LAB OPEN – **ON CAMPUS/ 8:30 a.m. – 12:30 p.m.** MUST PASS to START CLINICALS in FACILITY
Module 7	Chapter 16 – Drugs for the Musculoskeletal System Chapter 17 – Drugs for the Nervous and Sensory Systems Chapter 18 – Psychotropic Drugs Test – Chapter 16, 17 and 18 SKILLS LAB OPEN – **ON CAMPUS/ 8:30 a.m. – 12:30 p.m.** MUST PASS to START CLINCALS in FACILITY
Module 8	Chapter 19 – Antineoplastic Drugs Chapter 6 – Vitamins, Minerals and Herbs Chapter 21 – Drugs for the Geriatric Patient Test – Chapter 19, 6 and 21 CLINICALS in FACILITY
Module 9	Pharmacist RETURN SKILLS LAB – **ON CAMPUS/ 8:30 a.m. – 12:30 p.m.** Review FINAL EXAM

Orientation and Skills Lab dates will be scheduled ON CAMPUS.