

<u>Program</u>	<u>Contact</u>	<u>Date Updated</u>
Medication Aide	Marion Bell	March 2022

State	Meets educational Requirements	Does not meet educational requirements	Undetermined	State	Meets educational Requirements	Does not meet educational requirements	Undetermined
Alabama			*	Nebraska			*
Alaska			*	Nevada			*
American Samoa			*	New Hampshire			*
Arizona			*	New Jersey			*
Arkansas			*	New Mexico			*
California			*	New York			*
Colorado			*	North Carolina	*		
Connecticut			*	North Dakota			*
Delaware			*	Northern Mariana Islands			*
Florida			*	Ohio			*
Georgia			*	Oklahoma			*
Guam			*	Oregon			*
Hawaii			*	Pennsylvania			*
Idaho			*	Puerto Rico			*
Illinois			*	Rhode Island			*
Indiana			*	South Carolina			*
Iowa			*	South Dakota			*
Kansas			*	Tennessee			*
Kentucky			*	Texas			*
Louisiana			*	US Virgin Islands			*
Maine			*	Utah			*
Maryland			*	Vermont			*
Massachusetts			*	Virginia			*
Michigan			*	Washington			*
Minnesota			*	West Virginia			*
Mississippi			*	Wisconsin			*
Missouri			*	Wyoming			*
Montana			*				

Comments: Medication Aide requirements vary by state and factor in other individual factors; including credentials, training, and job experience. It's important to note that not all states have reciprocity agreements or requirements. All states that have approved this position mandate certification. Aides must have successfully completed an instructor training program or course approved by the NC Board of Nursing. Students who successfully complete the program or course are eligible to take the Medication Aide Examination to qualify for listing on the North Carolina Medication Aide Registry. Student applications are reviewed on a case-by-case basis.

**Contact Name in State:** Alabama Board of Nursing  
<https://www.abn.alabama.gov/mac/>

**Contact Phone Number:** [1-800-656-5318](tel:1-800-656-5318)

**Contact Email Address:** [MAC@abn.alabama.gov](mailto:MAC@abn.alabama.gov)

**Additional Information:** Following the successful completion of training, candidates for certification apply to the Alabama Board of Nursing to be certified through the National Council of State Boards of Nursing. The reciprocity process for the state of Alabama requires your employer contact the State agency to have your name placed on the Alabama Nurse Aide Registry.

**Mailing Address:** Alabama Board of Nursing  
RSA Plaza,  
Suite 250,  
770 Washington Ave.,  
Montgomery, AL 36104

**Contact Name in State:** Alaska State Medical Board  
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>

**Contact Phone Number:** [\(907\) 465-2550](tel:907-465-2550)

**Contact Email Address:** [medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)

**Additional Information:** **No Medication Aide Job Title.** A licensed prescriber, the prescriber's agent (RN/LPN) and persons who have successfully completed a medication administration course approved by the Alaska Board of Nursing may administer medications.

**Mailing Address:** AK State Medical Board  
P.O. Box 110806,  
Juneau, AK 99811-0806

**Contact Name in State:** Arizona State Board of Nursing  
<https://www.azbn.gov/education/nursing-assistant-and-medication-assistant-programs>

**Contact Phone Number:** [602-771-7800](tel:602-771-7800)

**Contact Email Address:** [lledbetter@azbn.gov](mailto:lledbetter@azbn.gov) or [cgeorge@azbn.gov](mailto:cgeorge@azbn.gov)

**Additional Information:** Requirements for Certified Medication Assistants in another state requesting CMA certification in Arizona must request that the state registry where they're certified complete and send 'Verification of Medication Assistant Registration' directly to the Arizona Board of Nursing. (<http://www.4cnas.com/RequirementstoBecomeaCertifiedMedicationAssistantinArizona.html>)

**Mailing Address:** Arizona State Board of Nursing  
1740 W Adams Street, Suite 2000  
Phoenix, AZ 85007

**Contact Name in State:** Arkansas Department of Health  
<https://www.healthy.arkansas.gov/programs-services/topics/arkansas-board-of-nursing>

**Contact Phone Number:** [1-800-462-0599](tel:1-800-462-0599)

**Contact Email Address:** [ASBN.info@Arkansas.gov](mailto:ASBN.info@Arkansas.gov)

**Additional Information:** In 2005 the Arkansas Act 1423 of the legislative session approved the use of medication assistants that were trained and certified in the state nursing homes. Medication Assistants also known as a MA-C are first required to successfully finish an education program and pass a certification exam before being allowed to perform in the responsibility of Medication Assistant Certified in a nursing home.

**Mailing Address:** Arkansas Department of Health  
4815 W. Markham,  
Little Rock, AR 72205-3867

**Contact Name in State:** California Department of Public Health  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/HHA.aspx>

**Contact Phone Number:** [\(916\) 327-2445](tel:(916)327-2445)

**Contact Email Address:** [cna@cdph.ca.gov](mailto:cna@cdph.ca.gov)

**Additional Information:** **California does not have a job title for Medication Aide or a similar role.**

**Mailing Address:** California Department of Public Health  
Aide and Technician Certification Section  
P.O. Box 997416, MS 3301  
Sacramento, CA 95899-7416

**Contact Name in State:** Colorado Department of Regulatory Agencies - Board of Nursing  
<https://dpo.colorado.gov/Nursing/CNAApplications>

**Contact Phone Number:** [303-894-7800](tel:303-894-7800)

**Contact Email Address:** [dora\\_dpo\\_licensing@state.co.us](mailto:dora_dpo_licensing@state.co.us)

**Additional Information:** <https://drive.google.com/file/d/0B5zAmhRg5tCiakttbmoycmRITOU/view?usp=sh> <- Medication Aide Proof of Training and Eligibility  
This is a relatively new program that the State of Colorado approved in January 2011.

**Mailing Address:** Colorado Division of Professions and Occupations  
1560 Broadway, Suite 1350  
Denver, CO 80202

**Contact Name in State:** State of Connecticut Department of Developmental Services  
<https://portal.ct.gov/DDS/EducationalSupport/Medication-Administration/Med-Admin-Training-and-Certification-Program>

**Contact Phone Number:** [\(860\) 616-2052](tel:8606162052) Jessica M. Kelsey, Program Coordinator or [860-418-6000](tel:8604186000)

**Contact Email Address:** [jessica.kelsey@ct.gov](mailto:jessica.kelsey@ct.gov) or [ddsct.co@ct.gov](mailto:ddsct.co@ct.gov)

**Additional Information:** The initial certification program consists of four components: instruction in theory, laboratory practicum, written exam, and the on-site practicum.

**Mailing Address:** State of Connecticut Department of Developmental Services  
460 Capitol Avenue  
Hartford Connecticut 06106



**Contact Name in State:** Delaware Office of Health Facilities Licensing and Certification (OHFLC)  
<https://dhss.delaware.gov/dhss/dhco/ohflcmain.html#app>

**Contact Phone Number:** [302-292-3930](tel:302-292-3930)

**Contact Email Address:** <https://alpha.delaware.gov/contact> **Contact Us Form**

**Additional Information:** For the procees called reciprocity, an application and instructions can be obtained on line by visiting [www.prometric.com/nurseaide/DE](http://www.prometric.com/nurseaide/DE). You can also get a copy by calling the CNA Registry at (302) 421-7403.

**Mailing Address:** Delaware Office of Health Facilities Licensing and Certification (OHFLC)  
261 Chapman Road, Suite 200  
Newark, DE 19702

**Contact Name in State:** DC Health  
<https://dchealth.dc.gov/service/trained-medication-employees-application-package>

**Contact Phone Number:** [\(202\) 442-5955](tel:(202)442-5955)

**Contact Email Address:** [doh@dc.gov](mailto:doh@dc.gov)

**Additional Information:** [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/TME%20RECIPROCITY%20AF <- Reciprocity](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/TME%20RECIPROCITY%20AF%20-%20Reciprocity)  
[https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/TME%20RECIPROCITY%20APPLICATION\\_0.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/TME%20RECIPROCITY%20APPLICATION_0.pdf)

**Mailing Address:** DC Health  
899 North Capitol Street, NE,  
Washington, DC 20002

**Contact Name in State:** Florida Board of Nursing  
<https://floridasnursing.gov/>

**Contact Phone Number:** [\(850\) 245-4125](tel:(850)245-4125)

**Contact Email Address:** [MQA.NursingAppStatus@flhealth.gov](mailto:MQA.NursingAppStatus@flhealth.gov)

**Additional Information:** For Certification by Reciprocity, the requirements are as follows (found in Section 464.203 of the Florida Statutes). You must:

- \* currently be certified in another state AND
- \* listed on that state's certified nursing assistant registry AND
- \* not been found to have committed abuse, neglect, or exploitation in that state

**Mailing Address:** Florida Department of Health  
Board of Nursing  
4052 Bald Cypress Way Bin C-02  
Tallahassee, FL 32399-3252

**Contact Name in State:** Georgia Health Care Association  
<https://www.ghca.info/index.asp>

**Contact Phone Number:** [\(678\)289-6555](tel:(678)289-6555)

**Contact Email Address:** [info@ghca.info](mailto:info@ghca.info)

**Additional Information:** <https://www.allianthealth.org/georgia-medicaid/cma-registry>

**Mailing Address:** Georgia Health Care Association  
160 Country Club Drive Stockbridge,  
Georgia 30281

**Contact Name in State:** Hawaii Department of Commerce and Consumer Affairs - Professional & Vocational Licensing Division  
<https://cca.hawaii.gov/pvl/programs/nurse/>

**Contact Phone Number:** [\(808\) 586-2695](tel:8085862695)

**Contact Email Address:** [nurse\\_aide@dcca.hawaii.gov](mailto:nurse_aide@dcca.hawaii.gov)

**Additional Information:** **(Reciprocity)** The first thing to do is get in touch with your local State Nurse Aide Registry and request an "Application for Enrollment by Reciprocity." As mentioned, most states have a reciprocity plan in place, which means you do not have to take a new state exam. Please note that this process is not identical state-to-state.

**Mailing Address:**  
DCCA-PVL  
Att: NA  
P.O. Box 3469  
Honolulu, HI 96801

**Contact Name in State:** Idaho State Board of Medicine  
<https://bom.idaho.gov/BOMPortal/Home.aspx>

**Contact Phone Number:** [208-327-7000](tel:208-327-7000)

**Contact Email Address:** [info@bom.idaho.gov](mailto:info@bom.idaho.gov)

**Additional Information:** In Idaho Medication Aides are called Medication Assistant Certified or MA-Cs for short. The MA-Cs cannot replace the licensed nurse's role in the administration of medications. In Idaho, the state requires that certain employers only hire medical assistants that have their national certification.

**Mailing Address:** Idaho State Board of Medicine  
Idaho Board of Medicine  
PO Box 83720  
Boise, Idaho 83720-0058

**Contact Name in State:** Illinois Department of Public Health  
<http://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry>

**Contact Phone Number:** [217-782-4977](tel:217-782-4977)

**Contact Email Address:** [DPH.Helpdesk@illinois.gov](mailto:DPH.Helpdesk@illinois.gov)

**Additional Information:** The Medication Aide Pilot Program was administered by IDFPR between July 1, 2016 and June 30, 2019. The Pilot has now ended. IDFPR is no longer accepting applications or issuing Medication Aide licenses. It is now issued through [home.personvue.com/mace/il](http://home.personvue.com/mace/il)

**Mailing Address:** Illinois Department of Public Health  
IDPH Springfield Headquarters Office  
525-535 West Jefferson Street  
Springfield, IL 62761

**Contact Name in State:** Indiana State Department of Health  
<https://www.in.gov/isdh/20507.htm>

**Contact Phone Number:** [317\) 233-7442, Option 1](tel:3172337442)

**Contact Email Address:** [aides@isdh.in.gov](mailto:aides@isdh.in.gov)

**Additional Information:** The Qualified Medication Aide Certification Program ensures that individuals meet the requirements for a Qualified Medication Aide (QMA) and are on the Indiana Nurse Aide Registry. This program is administered by the Indiana State Department of Health, Division of Healthcare Education and Quality. <https://www.in.gov/isdh/files/Frequently%20Asked%20Questions%20for%20QMA.pdf>

**Mailing Address:** Indiana State Department of Health  
Nurse Aide Registry  
2 North Meridian Street, 4B  
Indianapolis, IN 46204



**Contact Name in State:** Iowa Department of Inspections and Appeals - Health Facilities Division  
[https://dia-hfd.iowa.gov/DIA\\_HFD/Home.do](https://dia-hfd.iowa.gov/DIA_HFD/Home.do)

**Contact Phone Number:** [\(515\) 281-4115](tel:5152814115)

**Contact Email Address:** [https://stateofiowa.seamlessdocs.com/f/DIA\\_Contact\\_Fc](https://stateofiowa.seamlessdocs.com/f/DIA_Contact_Fc) **Contact Us Form**

**Additional Information:** Iowa offers reciprocity to those who hold current active credentials in other states. Out-of-state applicants will use the registry application form.

**Mailing Address:**  
Iowa Department of Inspections and Appeals  
Health Facilities Division  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319-0083

**Contact Name in State:** Kansas Department for Aging and Disability Services - Survey, Certification & Credentialing Commission  
[https://www.kdads.ks.gov/commissions/survey-certification-and-credentialing-commission/health-occupations-credentialing/lists/hoc-certification-\(cna-hha-cma\)-information-and-forms/medication-aide](https://www.kdads.ks.gov/commissions/survey-certification-and-credentialing-commission/health-occupations-credentialing/lists/hoc-certification-(cna-hha-cma)-information-and-forms/medication-aide)

**Contact Phone Number:** 785-296-4986 or  785-296-6877

**Contact Email Address:** [kdads.wwwmail@ks.gov](mailto:kdads.wwwmail@ks.gov)

**Additional Information:** Medication aides are allowed in nursing homes, which come under the definition of "adult care homes". They must first be certified nurses' aides and undergo 60 hours of instruction.

**Mailing Address:** Kansas Department for Aging and Disability Services - Survey, Certification & Credentialing Commission  
Health Occupations Credentialing  
New England Building  
503 S. Kansas Ave.,  
Topeka, KS 66603-3404

**Contact Name in State:** Kentucky Board of Nursing  
<https://kbn.ky.gov/Pages/default.aspx>

**Contact Phone Number:** [502-429-3300](tel:502-429-3300)

**Contact Email Address:** [https://kbn.ky.gov/Pages/Contact%20Forms/exdir\\_contact.as](https://kbn.ky.gov/Pages/Contact%20Forms/exdir_contact.as) **Contact Us Form**

**Additional Information:** Medication aides must be certified as nurse aides and always work under the supervision of a licensed nurse. Kentucky practices reciprocity.

**Mailing Address:** Kentucky Board of Nursing  
312 Whittington Parkway,  
Suite 300,  
Louisville, KY 40222-5172

**Contact Name in State:** Louisiana Department of Health  
<https://ldh.la.gov/index.cfm/page/3794>

**Contact Phone Number:** [225-342-9500](tel:225-342-9500)

**Contact Email Address:** <https://ldh.la.gov/index.cfm/form/15> **Contact Form**

**Additional Information:** In Louisiana, the reciprocity process allows for an aide who is certified on a Nurse Aide Registry in one state to transfer the certification to another state.

**Mailing Address:**  
Louisiana Department of Health  
P. O. Box 629  
Baton Rouge, LA 70821-0629

**Contact Name in State:** Maine Department of Health and Human Services - Licensing and Regulatory Services  
[https://gateway.maine.gov/dhhs-apps/assisted/crma\\_overview.asp](https://gateway.maine.gov/dhhs-apps/assisted/crma_overview.asp)

**Contact Phone Number:** [\(207\)287-9300](tel:(207)287-9300)

**Contact Email Address:** [dls.info@maine.gov](mailto:dls.info@maine.gov)

**Additional Information:** [https://www.maine.gov/dhhs/dlc/cna-registry/frequently-asked-questions // Questions 48-53](https://www.maine.gov/dhhs/dlc/cna-registry/frequently-asked-questions//Questions%2048-53)

**Mailing Address:** Maine Department of Health and Human Services - Licensing and Regulatory Services  
109 Capitol St,  
Augusta, ME 04330

**Contact Name in State:** Maryland Board of Nursing  
<https://mbon.maryland.gov/Pages/medaide-factsheet-2.aspx>

**Contact Phone Number:** [\(410\) 585-1900](tel:4105851900)

**Contact Email Address:** [MDBON.MTI@maryland.gov](mailto:MDBON.MTI@maryland.gov)

**Additional Information:** An individual will not be eligible to endorse from out of state as a "medication technician". Individuals with "certified medicine aide" credentials however, will be eligible for recip. **\*CHECK THIS\***

**Mailing Address:** Maryland Board of Nursing  
4140 Patterson Avenue,  
Baltimore, MD 21215-2254

**Contact Name in State:** Massachusetts Department of Public Health  
<https://www.mass.gov/orgs/department-of-public-health>

**Contact Phone Number:** [\(617\) 624-6000](tel:(617)624-6000)

**Contact Email Address:** <https://www.mass.gov/forms/contact-dph-by-web-f> Contact Web Form

**Additional Information:** The Massachusetts Medication Administration Program (MAP), jointly regulated by the Departments of Public Health, Mental Health, and Mental Retardation, allows CNAs to become certified medication aides in community programs. The CNA must complete additional training and become certified through examination.

**Mailing Address:** Massachusetts Department of Public Health  
250 Washington Street,  
Boston, MA 02108

**Contact Name in State:** Michigan Department of Licensing and Regulatory Affairs  
[https://www.michigan.gov/lara/0,4601,7-154-89334\\_63294\\_75200--,00.html](https://www.michigan.gov/lara/0,4601,7-154-89334_63294_75200--,00.html)

**Contact Phone Number:** [517-335-1980](tel:517-335-1980)

**Contact Email Address:** [BCHS-CNA-Registry@michigan.gov](mailto:BCHS-CNA-Registry@michigan.gov)

**Additional Information:** There are states that have licensed and trained medication aides. Michigan is not on that list. [https://www.michigan.gov/documents/dhs/Medication\\_Management\\_Presentation\\_6-24-10\\_327803\\_7.pdf](https://www.michigan.gov/documents/dhs/Medication_Management_Presentation_6-24-10_327803_7.pdf)

**Mailing Address:** Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community & Health Systems  
Health Facility Professional and Nurse Aide Section  
P.O. Box 30664  
Lansing, MI 48909



**Contact Name in State:** Minnesota Department of Health  
<https://www.health.state.mn.us/nar>

**Contact Phone Number:** 651-201-5000

**Contact Email Address:** [health.FPC-NAR@state.mn.us](mailto:health.FPC-NAR@state.mn.us)

**Additional Information:** A Trained Medication Aide (TMA) Certificate is earned upon completion of the course and meeting all course guidelines. Please note: Individuals who wish to work as a TMA in a skilled nursing home or licensed boarding care facility must be on the Nursing Assistant Registry and have completed a Minnesota Department of Health Approved Nursing Assistant program.

**Mailing Address:** Minnesota Department of Health  
P.O. Box 64975  
St. Paul, MN 55164-0975

**Contact Name in State:** Mississippi State Department of Health  
<https://msdh.ms.gov/msdhsite/ static/30.0.83.74.html>

**Contact Phone Number:** 601-576-7400

**Contact Email Address:** [web@HealthyMS.com](mailto:web@HealthyMS.com)

**Additional Information:** **(Mississippi lets nurses administer medication).** The MS Board of Nursing does not maintain a listing of specific medications acceptable for administration by registered nurses. When administering any medication, the licensed nurse should be knowledgeable of and comply with all applicable state and federal laws, rules, regulations and guidelines pertaining to the specific medication, including but not limited to, those of the FDA, DEA, the Mississippi Board of Pharmacy and the Mississippi Board of Nursing. The nurse must determine which medication is appropriate to safely administer based on the nurse's education and competence, current standards of practice, and the facility's policies and procedures.

**Mailing Address:** Mississippi State Department of Health  
Post Office Box 1700  
Jackson, MS 39215-1700

**Contact Name in State:** Missouri Department of Health & Senior Services  
<https://health.mo.gov/safety/cnaregistry/lima.php>

**Contact Phone Number:** [573-526-5686](tel:573-526-5686)

**Contact Email Address:** [CNARegistry@health.mo.gov](mailto:CNARegistry@health.mo.gov)

**Additional Information:** Those individuals meeting the requirement of the final exam, must submit a written request to the DHSS to the address listed below. Each request must include a clear copy of the individual's social security card, return address, daytime telephone number, letter of endorsement, and a copy of their transcript.

**Mailing Address:** Missouri Department of Health & Senior Services  
Attn: Health Education Unit  
PO Box 570  
Jefferson City, MO 65102-0570

**Contact Name in State:** Montana Department of Health and Human Services  
<https://boards.bsd.dli.mt.gov/nursing/license-information/medication-aide-l>

**Contact Phone Number:** [\(406\) 444-5622](tel:(406)444-5622)

**Contact Email Address:** <https://dphhs.mt.gov/publichealth/cdepi/contact> Contact Form

**Additional Information:** The 2011 Montana Legislature enacted Chapter 392, Laws of 2011 (House Bill 377), an act providing for licensure of medication aides employed at long-term care facilities.

**Mailing Address:** Montana Department of Health and Human Services  
PO Box 4210  
Helena, MT 59604-4210

**Contact Name in State:** Nebraska Department of Health & Human Services/Division of Public Health/Licensure Unit - Office of Nursing Support  
<https://dhhs.ne.gov/licensure/Pages/Medication-Aide.aspx>

**Contact Phone Number:** [\(402\) 471-4322](tel:(402)471-4322)

**Contact Email Address:** [DHHS.NursingSupport@nebraska.gov](mailto:DHHS.NursingSupport@nebraska.gov)

**Additional Information:** <https://www.nebraska.gov/LISearch/search.cgi> <- Medication Aide Registry

**Mailing Address:** Nebraska Department of Health & Human Services/Division of Public Health/Licensure Unit  
DHHS Licensure Unit  
Attn: Med Aide  
PO Box 94986  
Lincoln NE 68509

**Contact Name in State:** Nevada State Board of Nursing  
<https://nevadanursingboard.org/faq-2/>

**Contact Phone Number:** [\(888\) 590-6726](tel:(888)590-6726)

**Contact Email Address:** [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us)

**Additional Information:** It is the opinion of the Nevada State Board of Nursing that a person who is certified as a nursing assistant in Nevada may deliver medications prepared and sealed in packages..

**Mailing Address:** Nevada State Board of Nursing  
4220 South Maryland Pkwy.,  
Building B,  
Suite 300  
Las Vegas, NV 89119

**Contact Name in State:** New Hampshire Office of Professional Licensure and Certification - NH Board of Nursing  
<https://www.oplc.nh.gov/board-nurses-education-and-training>

**Contact Phone Number:** [603-271-2323](tel:603-271-2323)

**Contact Email Address:** [Board.Questions@oplc.nh.gov](mailto:Board.Questions@oplc.nh.gov)

**Additional Information:** Required Training: A minimum of 50 hours of **medication nursing assistant** related activities under the supervision of a licensed nurse within the 2 years immediately prior to the date of application.  
Continuing Education for MNA: 8 of the 24 required contact hours for LNA Licensure must be related to **medication administration**.

**Mailing Address:** Office of Professional Licensure & Certification  
7 Eagle Square  
Concord NH, 03301

**Contact Name in State:** New Jersey Department of Health  
<https://nj.gov/health/healthfacilities/certification-licensing/certified-medication-aide/>

**Contact Phone Number:** [\(800\) 367-6543](tel:8003676543)

**Contact Email Address:** <https://www.nj.gov/health/feedback.sht> Feedback Form

**Additional Information:** To be eligible for certification as a medication aide, you must be currently certified in New Jersey as a nurse aide, home health aide or personal care assistant. In addition, you must comply with the following: If you do not pass the exam within six months of completing the training program, you will be required to retrain. New Jersey does NOT reciprocate with any other state's medication aide program.

**Mailing Address:** State of New Jersey Department of Health  
P. O. Box 360  
Trenton, NJ 08625-0360



**Contact Name in State:** New Mexico Board of Nursing  
<https://nmbon.sks.com/medication-aides.aspx>

**Contact Phone Number:** [505-841-8340](tel:505-841-8340)

**Contact Email Address:** <https://nmbon.sks.com/message.aspx> Contact Form

**Additional Information:** [https://nmbon.sks.com/uploads/files/CMA%20Other%20State%20Application%20Rev. %201-15-15%20Out-Of-State Certification Form](https://nmbon.sks.com/uploads/files/CMA%20Other%20State%20Application%20Rev.%201-15-15%20Out-Of-State%20Certification%20Form.pdf)

**Mailing Address:**  
New Mexico Board of Nursing  
6301 Indian School Rd  
NE Ste 710,  
Albuquerque, NM 87110

**Contact Name in State:** New York State Department of Health  
[https://www.health.ny.gov/facilities/home\\_care/advanced\\_home\\_health\\_aides/](https://www.health.ny.gov/facilities/home_care/advanced_home_health_aides/)

**Contact Phone Number:** 518-408-1638

**Contact Email Address:** [ahhatp@health.ny.gov](mailto:ahhatp@health.ny.gov)

**Additional Information:** The New York State Department of Health has contracted with Pearson VUE to administer the New York Medication Aide Certification Examination (MACE). Pearson VUE & the NCSBN will report the results of the exam to the NY State Department of Health Home Care Worker Registry.

**Mailing Address:** New York State Department of Health  
875 Central Avenue  
Albany, NY 12206

**Contact Name in State:** North Carolina Board of Nursing  
<https://www.ncbon.com/practice-medication-aides>

**Contact Phone Number:** [\(919\) 782-3211](tel:9197823211)

**Contact Email Address:** <https://www.ncbon.com/contact-contact-information#onlineContact> **Contact Us Form**

**Additional Information:** North Carolina does not list medication aides by reciprocity, endorsement, or transfer from other states. To be listed on the N.C. Medication Aide Registry, an out-of-state medication aide must pass a 24-hour N.C. Board of Nursing-approved medication aide training program and pass the state medication aide exam.

**Mailing Address:** North Carolina Board of Nursing  
Post Office Box 2129  
Raleigh, NC 27602-2129

**Contact Name in State:** North Dakota Board of Nursing  
<https://www.ndbon.org/FAQ/MedicationAssistIII.asp>

**Contact Phone Number:** [701-328-9777](tel:701-328-9777)

**Contact Email Address:** [khahn@ndbon.org](mailto:khahn@ndbon.org) Initial UAP/Technician, Medication Assistant III

**Additional Information:** In North Dakota, a Medication Assistant starts off as an UAP, or Unlicensed Assistive Person. Registrants must have training and be listed on the North Dakota Aide Registry or be supervised by a properly licensed nurse.

**Mailing Address:** North Dakota Board of Nursing  
919 S 7th Street, Suite 504  
Bismarck, ND 58504

**Contact Name in State:** Ohio Board of Nursing  
<https://nursing.ohio.gov/licensing-certification-ce/medication-aides/>

**Contact Phone Number:** [614-466-3947](tel:614-466-3947)

**Contact Email Address:** [board@nursing.ohio.gov](mailto:board@nursing.ohio.gov)

**Additional Information:** The Board of Nursing regulates medication aide training programs in Ohio. This is a list of medication aide training programs approved by the Board. [http://www.nursing.test.ohio.gov/PDFS/MedAides/Training/MAC\\_Training\\_Programs.pdf](http://www.nursing.test.ohio.gov/PDFS/MedAides/Training/MAC_Training_Programs.pdf)

**Mailing Address:** Ohio Board of Nursing  
17 S. High Street, Suite 660  
Columbus, OH 43215

**Contact Name in State:** Oklahoma State Department of Health - Nurse Aide Registry  
<https://oklahoma.gov/health/protective-health/health-resources-development-service/nurse-aide-and-nontechnical-services-worker-registry.html>

**Contact Phone Number:** [405-426-8150](tel:405-426-8150)

**Contact Email Address:** [nar@health.ok.gov](mailto:nar@health.ok.gov)

**Additional Information:** In Oklahoma, a CMA is essentially, a certified nursing assistant (CNA) who has completed additional hours of coursework to become licensed to dispense medication to patients so long as they are under the supervision of a registered nurse.

**Mailing Address:** Nurse Aide Registry  
Oklahoma State Department of Health  
P.O. Box 268816  
Oklahoma City, OK 73126-8816

**Contact Name in State:** Oregon State Board of Nursing  
<https://www.oregon.gov/osbn/Pages/apply-CNA-CMA-cert.aspx>

**Contact Phone Number:** Phone Hours: Suspended due to the Governor's emergency declaration. (COVID)

**Contact Email Address:** [oregon.bn.info@osbn.oregon.gov](mailto:oregon.bn.info@osbn.oregon.gov)

**Additional Information:** [https://www.oregon.gov/osbn/Pages/FAQs\\_CMA.aspx](https://www.oregon.gov/osbn/Pages/FAQs_CMA.aspx) <- Certified Medication Aide Frequently Asked Questions

**Mailing Address:** Oregon State Board of Nursing  
17938 SW Upper Boones Ferry Rd.,  
Portland, OR 97224

**Contact Name in State:** Pennsylvania Department of Human Services  
<https://www.dhs.pa.gov/providers/Providers/Pages/Medication-Administration-Training-Program.aspx>

**Contact Phone Number:** [\(717\) 221-1630](tel:7172211630)

**Contact Email Address:** [medicationadministration@temple.edu](mailto:medicationadministration@temple.edu)

**Additional Information:** Pennsylvania does not seem to have a true position of, or replicating that of Medication Aide. Medication Administration personnel are the closest found in the state of Pennsylvania.

**Mailing Address:** Pennsylvania Department of Human Services  
625 Forster St,  
Harrisburg, PA 17120



**Contact Name in State:** State of Rhode Island Department of Health  
<https://health.ri.gov/licenses/detail.php?id=232>

**Contact Phone Number:** [401-222-5960](tel:401-222-5960)

**Contact Email Address:** <https://health.ri.gov/contact> **Contact Us Form**

**Additional Information:** A medication aide in Rhode Island can perform only those tasks and duties for which he/she has been trained and in which there is documentation of proficiency, as determined by the supervising licensed nurse.

**Mailing Address:** State of Rhode Island Department of Health  
3 Capitol Hill  
Providence, RI 02908

**Contact Name in State:** South Carolina Department of Labor, Licensing and Regulation - SC Board of Nursing  
<https://www.llr.sc.gov/nurse/apps.aspx>

**Contact Phone Number:** [\(803\) 896-4550](tel:8038964550)

**Contact Email Address:** [nurseboard@llr.sc.gov](mailto:nurseboard@llr.sc.gov)

**Additional Information:** A Medication Technician Certification program shall be initiated for selected unlicensed healthcare personnel (i.e., non-nursing staff) who provide medications to those receiving services in South Carolina.  
[https://ddsn.sc.gov/sites/default/files/Documents/Quality%20Management/Current%20Directives/603-13-DD%20-%20Medication%20Technician%20Certification%20-%20Revised%20-%20Signed%20\(072920\).pdf](https://ddsn.sc.gov/sites/default/files/Documents/Quality%20Management/Current%20Directives/603-13-DD%20-%20Medication%20Technician%20Certification%20-%20Revised%20-%20Signed%20(072920).pdf)

**Mailing Address:** South Carolina Department of Labor, Licensing and Regulation  
110 Centerview Dr,  
Columbia SC 29210

**Contact Name in State:** South Dakota Department of Health - South Dakota Board of Nursing  
<https://doh.sd.gov/boards/nursing/MATPApapproval.aspx>

**Contact Phone Number:** [605-773-3361](tel:605-773-3361)

**Contact Email Address:** [DOH.info@state.sd.us](mailto:DOH.info@state.sd.us) or [Tessa.Stob@state.sd.us](mailto:Tessa.Stob@state.sd.us)

**Additional Information:** <https://doh.sd.gov/boards/nursing/UMA.as> (Unlicensed Medication Aides)

**Mailing Address:** South Dakota Department of Health - South Dakota Board of Nursing  
600 East Capitol Avenue  
Pierre, SD 57501-2536

**Contact Name in State:** Tennessee Dept. of Health - Board of Nursing  
<https://www.tn.gov/health/health-program-areas/health-professional-boards/nursing-board/nursing-board/applications.html>

**Contact Phone Number:** [6153532-5166](tel:61535325166)

**Contact Email Address:** [tn.health@tn.gov](mailto:tn.health@tn.gov)

**Additional Information:** There are two parts to the Medication Aide competency test—a multiple-choice knowledge test and a skill test. Candidates must pass both parts of the test and meet all requirements of the Tennessee Board of Nursing (TBON) to be certified as a Medication Aide in Tennessee. <https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/applications/Medication%20Aide%20Certification%20Application.pdf>

**Mailing Address:** Tennessee Dept. of Health - Board of Nursing  
710 James Robertson Parkway  
Nashville, TN 37243

**Contact Name in State:** Texas Health and Human Services  
<https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation/credentialing/medication-aide-program>

**Contact Phone Number:** [512-438-2025](tel:512-438-2025)

**Contact Email Address:** [medication\\_aide\\_program@hhs.state.tx.us](mailto:medication_aide_program@hhs.state.tx.us)

**Additional Information:** Military service members or veterans may have met some licensing requirements as a result of their military service or other training, knowledge, and experience.

**Mailing Address:** Texas Health and Human Services (HHS)  
P.O. Box 13247  
Austin, Texas 78711-3247

**Contact Name in State:** Utah Department of Commerce - Division of Occupational and Professional Licensing  
<https://dopl.utah.gov/nurse/> (Go To Licensing, Medication Aide is the fourth tab)

**Contact Phone Number:** [\(801\) 530-6628](tel:(801)530-6628)

**Contact Email Address:** [ibusjahn@utah.gov](mailto:ibusjahn@utah.gov) Jeff Busjahn, Bureau Manager

**Additional Information:** [https://dopl.utah.gov/forms/Medication\\_Aide\\_Certified\\_Institution\\_Facility.pdf](https://dopl.utah.gov/forms/Medication_Aide_Certified_Institution_Facility.pdf) <- Utah Application for Licensure - Medication Aide-Certified

**Mailing Address:** Utah Department of Commerce - Division of Occupational and Professional Licensing  
160 E 300 S,  
Salt Lake City, UT 84111

**Contact Name in State:** Vermont Health Professionals & Sytems - Board of Medical Practice  
<https://www.healthvermont.gov/systems/medical-practice-board>

**Contact Phone Number:** [\(802\) 657-4220](tel:8026574220)

**Contact Email Address:** [AHS.VDHMedicalBoard@vermont.gov](mailto:AHS.VDHMedicalBoard@vermont.gov)

**Additional Information:** \* Vermont doesn't have an independent society for medical assistants, so you can learn more through the American Association for Medical Assistants

**Mailing Address:** Vermont Health Professionals & Sytems - Board of Medical Practice  
108 Cherry Street,  
PO Box 70,  
Burlington, VT 05402

**Contact Name in State:** Virginia Department of Health Professions - Board of Nursing  
<http://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/ApplyforLicense/MedicationAide/index.html>  
<http://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/ContinuedCompetency/MedicationAide/index.html>

**Contact Phone Number:** [804-367-4515](tel:804-367-4515)

**Contact Email Address:** [nursebd@dhp.virginia.gov](mailto:nursebd@dhp.virginia.gov)

**Additional Information:** [Becoming a Medication Aide in the state of Virginia](#) The Virginia General Assembly passed a law in 2005 that required the Board of Nursing to regulate medication aides in Assisted Living Facilities (ALFs) beginning July 2007.

**Mailing Address:** Virginia Department of Health Professions - Board of Nursing  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463



**Contact Name in State:** Washington State Department of Health  
<https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/NursingAssistant/FrequentlyAskedQuestions/MedicationAssistantEndorsementFAQs>

**Contact Phone Number:** [360-236-4700](tel:360-236-4700)

**Contact Email Address:** [Nursing@doh.wa.gov](mailto:Nursing@doh.wa.gov)

**Additional Information:** A medication assistant certification offers you increased responsibility and a more significant role within your healthcare facility. Obtaining this certification gives you greater importance and alleviates pressure from the floor nurse, allowing them more time to assess clients, perform treatments, and document care.

**Mailing Address:** Washington State Department of Health  
101 Israel Road SE  
Tumwater, WA 98501

**Contact Name in State:** West Virginia Department of Health & Human Services - Office of Health Facility Licensure & Certification  
<https://ohflac.wvdhhr.org/Programs/AM.html>

**Contact Phone Number:** [\(304\) 558-0050](tel:(304)558-0050)

**Contact Email Address:** <https://ohflac.wvdhhr.org/Apps/Forms/Contact> Contact Us Form

**Additional Information:** In West Virginia, Medication Aides are known as 'Approved Medication Assistive Personnel' (AMAP).

**Mailing Address:** Office of Health Facility Licensure & Certification  
408 Leon Sullivan Way  
Charleston, WV 25301

**Contact Name in State:** Wisconsin Department of Health Services  
<https://www.dhs.wisconsin.gov/regulations/nh/medaides-requirements.htm>

**Contact Phone Number:** [608-266-5388](tel:608-266-5388)

**Contact Email Address:** [Douglas.Englebert@dhs.wisconsin.gov](mailto:Douglas.Englebert@dhs.wisconsin.gov) For further questions about medication aides in Wisconsin nursing homes and hospices

**Additional Information:** Regulations allow unlicensed personnel to administer medications to nursing home residents if they have taken a Department of Health and Family Services approved medication administration program

**Mailing Address:** Wisconsin Department of Health Services  
1 West Wilson Street  
Madison, WI 53703

**Contact Name in State:** Wyoming State Board of Nursing  
<https://wsbn.wyo.gov/>

**Contact Phone Number:** [307-777-7601](tel:307-777-7601)

**Contact Email Address:** [wsbn-info-licensing@wyo.gov](mailto:wsbn-info-licensing@wyo.gov)

**Additional Information:** Despite repeated legislative efforts to create medication aides, Wyoming has have failed thus far to officially recognize the position.

**Mailing Address:** Wyoming State Board of Nursing  
130 Hobbs Avenue, Suite B  
Cheyenne, WY 82002

**Contact Name in State:** **Guam Department of Public Health and Social Services**  
<https://dphss.guam.gov/health-professional-licensing-office-3/>

**Contact Phone Number:**  [\(671\) 735-7404 thru 7411](tel:(671)735-7404)

**Contact Email Address:** <https://dphss.guam.gov/contact-us-2>, **Contact Us Form**

**Additional Information:** **No information found for Guam Medication Aides.**

**Mailing Address:** Guam Department of Public Health and Social Services  
123 Chalan Kareta  
Mangilao, Guam 96913-6304

**Contact Name in State:** Puerto Rico Department of Health  
[www.salud.gov.pr](http://www.salud.gov.pr)

**Contact Phone Number:** [787-765-2929](tel:787-765-2929)

**Contact Email Address:** [contactus@salud.pr.gov](mailto:contactus@salud.pr.gov)

**Additional Information:** No information found regarding Medication Aides in Puerto Rico

**Mailing Address:** Puerto Rico Department of Health  
North Medical Center  
Inner Periphery Street,  
Bo. Monacillos Rio Piedras, PR

**Contact Name in State:** U.S. Virgin Islands Deptment of Health  
<https://doh.vi.gov/>

**Contact Phone Number:** [\(340\) 718-1311](tel:3407181311) St. Croix Office

**Contact Email Address:** <https://doh.vi.gov/contact-us> Contact Us Form

**Additional Information:** No information on Medication Aides in the Virgin Islands

**Mailing Address:** Virgin Islands Department of Health - St. Croix Office  
Charles Harwood Complex  
3500 Est. Richmond  
Christiansted, VI 00820

**Contact Name in State:** Commonwealth of the Northern Mariana Islands Licensing Service  
<https://nasba.org/licensure/nasbalicensing/cnmi/>

**Contact Phone Number:** [\(866\) 350-0017](tel:(866)350-0017)

**Contact Email Address:** [licensing@nasba.org](mailto:licensing@nasba.org)

**Additional Information:** No information found on Medication Aides in Northern Mariana Islands.

**Mailing Address:** Commonwealth of the Northern Mariana Islands Licensing Service  
NASBA Licensing Services  
PO Box 198589  
Nashville, TN 37219