Application for Admission

CERTIFIED MEDICATION TECHNICIAN (CMT)

Jefferson College Workforce & Employment Services
1000 Viking Drive • Hillsboro, MO 63050-2441
(636) 481-3143 • TDD (636) 789-5772 • www.jeffco.edu

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| EMAIL                                                  | SOCIAL SECURITY NUMBER |
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It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Christine Platter at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.

The CMT program is approved by the Missouri Department of Health & Senior Services.
The State of Missouri requires CMT candidates possess a high school diploma or HiSET/GED to be considered for the CMT Program. You will need to provide copy of diploma or official school transcript.

**THE ESSENTIAL FUNCTIONS OF THE CMT**

Satisfactory completion of the Jefferson College Certified Medication Technician Program is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to perform successfully the essential functions necessary in the role of the CMT.

Following appropriate instruction and supervision of the charge personnel, the student will:

1. Prepare and distribute medications to designated patients following physician orders.
2. Accurately notate medication distribution using agency’s designated tracking system (paper or electronic).
3. Observe, take, and record patient’s vital signs and report any changes to appropriate personnel.
4. Safely dispose of medication and accurately record.

Do you believe you would be able to perform the above listed essential functions, which are necessary in the role of a CMT for which you are applying? [ ] Yes [ ] No

*If you answered NO to the above, are there any reasonable accommodations that you believe can be made that would permit you to perform the essential functions necessary in the role of a CMT? Please answer in the space provided below.*

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*I have read the above statement and have answered to the best of my knowledge.*

________________________________________  __________________________
Signature of Applicant                      Date

*In order to have a complete file, you must read and sign this form and return it to the Jefferson College Business & Workforce Development Office.*
Jefferson College CMT Program Application

EMERGENCY INFORMATION

Emergency Contact: _______________________________ Phone #: ______________________

Physician: _____________________________ Phone #: ______________________

Allergies: ______________________________________________________________

PROGRAM FOR WHICH YOU ARE APPLYING: FALL: _____ SPRING: _____ SUMMER: _____

Please make sure that all sections of this application are complete with accurate up-to-date information.

PLEASE NOTE:

• Applicants must complete WorkKeys Assessment at a Missouri Job Center in the following areas:
  o Applied Math – Level 3 required.
  o Graphic Literacy – Level 4 required.
  o Workplace Documents – Level 4 required.
  o WorkKeys assessments is offered at no cost.

• Applicants must provide verification of high school diploma or HiSET/GED.

• Applicants must provide a letter of recommendation from Director of Nursing or Agency Administrator as part of CMT application process.

• Files will not be reviewed unless all admission information requested is present.

• Contact the Workforce & Employment Services Office with change of address.

• Students may not use Title IV Funds, including Pell Grants or Student Loans, to pay for this course. Contact your local Missouri Career Center to inquire about alternate funding eligibility.
ENTRANCE REQUIREMENT

WRITE A SHORT ANSWER TO THE FOLLOWING QUESTION:

Why do you want to be a Certified Medication Technician?

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PROGRAM REQUIREMENT

I UNDERSTAND ACCEPTANCE INTO THE CMT PROGRAM IS COMPETITIVE. AN APPLICANT MUST BE AT LEAST 18 YEARS OF AGE, HAVE A NEGATIVE CRIMINAL BACKGROUND CHECK, A NEGATIVE DRUG/ALCOHOL TEST, AND MEET THE ESSENTIAL FUNCTIONS OF A CMT. ACCEPTANCE INTO THE CMT PROGRAM DOES NOT GUARANTEE CERTIFICATION.

In applying for admission to the CMT program at Jefferson College, I hereby voluntarily waive my right of access as provided by Federal Law, PL 93-380, to confidential letters and statements of recommendation submitted by reference on my behalf.

___________________________________________________________
Signature of Applicant

________________________________________
Date