



Certified Medication Technician (CMT) CHECK LIST
INITIAL APPLICATION

To assure that **INITIAL** CMT applications are processed, the following may assist you in performing a final check of the **INITIAL** CMT applications prior to sending the applications to the Board. Remember the initial CMT applications may only be obtained from the MBON by the RN, CM/DN.

1. Do you have the appropriate application? Remember an **INITIAL** CMT application is completed only ONCE. If the applicant has been certified as a CMT in the past at any time – a renewal application with the CMT’s certification number must be completed instead of an initial application
2. Have all data fields on the **INITIAL** application been completed? (see **INITIAL** application instructions that accompany the **INITIAL** application – be sure to check only one of the selections on question 18).
3. Has the facility check or money order (payable to the MBON and signed by the applicant) been attached to the **INITIAL** application? Personal checks are not accepted and will be returned with your application. The facility check may be for one specific individual or multiple individuals. If the facility check is to pay for multiple individuals there must be a transmittal documenting the name of each individual covered by the facility check. There must be separate checks for those individuals who are making application for initial certification and a separate check for those individuals applying for renewal of the certification.
4. Has a passport photo, full face 2x2 inches, been attached to the **INITIAL** application?
5. Has the MT applicant signed the **INITIAL** application?
6. Has the RN, CM/DN signed the **INITIAL** application?
7. Has the class list been completed (all data fields filled in including the specific name of the RN, CM/DN approved to teach the training program)?

___ 8. Does the class list correspond to the number of applications being sent in? Do the names on the class list match the names on the application?

___ 9. Is the completed class list attached to the **INITIAL** application?

- For the applicant who has already been certified as a CMT and who is repeating the 20 hour training program because their certificate has expired, this applicant needs to complete a CMT **Paper RENEWAL** form with his/her CMT certification number. This renewal application must be accompanied with a separate class list indicating the applicant is renewing the expired CMT certification by completing the 20 hour CMT Training Program again. The class list should only contain the renewal applicant and it should be marked “Repeat”. It should not contain applicants who are initial candidates for certification. Applicants may not have access to other individual’s social security number and date of birth. (see item three for issues related to facility checks). The instructor is responsible for sending the class list- it can not be accepted from the applicant. (Please see the Renewal Checklist for more information).
- For any MT applicant who has answered “Yes” to any discipline question(s) – This application is also to be sent separately with a class list.

***** INITIAL APPLICATIONS WILL BE RETURNED TO THE RN, CM/DN WHO TAUGHT THE TRAINING PROGRAM SHOULD THE APPLICATION REQUIREMENTS NOT BE MET.**

DATA YOU WILL NEED TO SUBMIT TO THE BOARD IN ORDER FOR THE BOARD TO INVESTIGATE A DELAY IN CERTIFICATION:

- Name of applicant
- Social Security number
- Name of RN, CM/DN who taught to 20 Hour MT Training Program
- Date the MT Training Program was completed
- Date material was mailed to the Board

HOW TO CONTACT THE BOARD

Please use email to contact the following:

Kia Alexander: AlexanderK@dhmh.state.md.us (410-585-1918)

Jaray Jarvis: Jjarvis@dhmh.state.md.us (410-585-2051)

If further assistance is required please contact

Ethel Stanley, Administrator, CNA/CMT Program estanley@dhmh.state.md.us (410-585-1934)

CNA/CMT Training Program Fax #410-764-8042