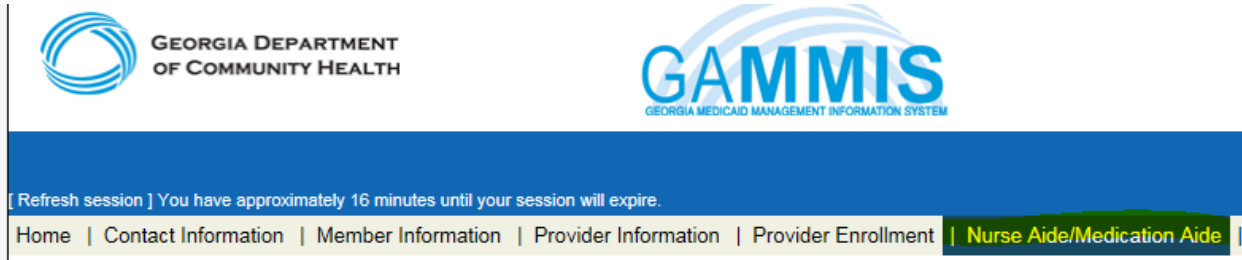# Registering to be a CMA Instructor
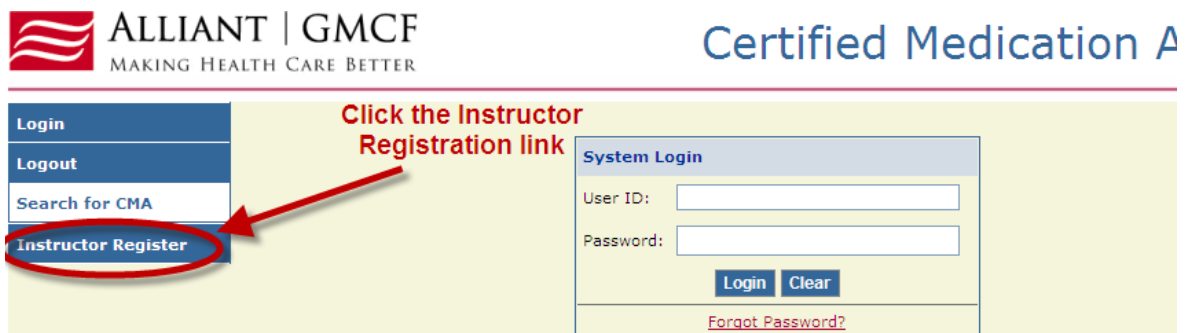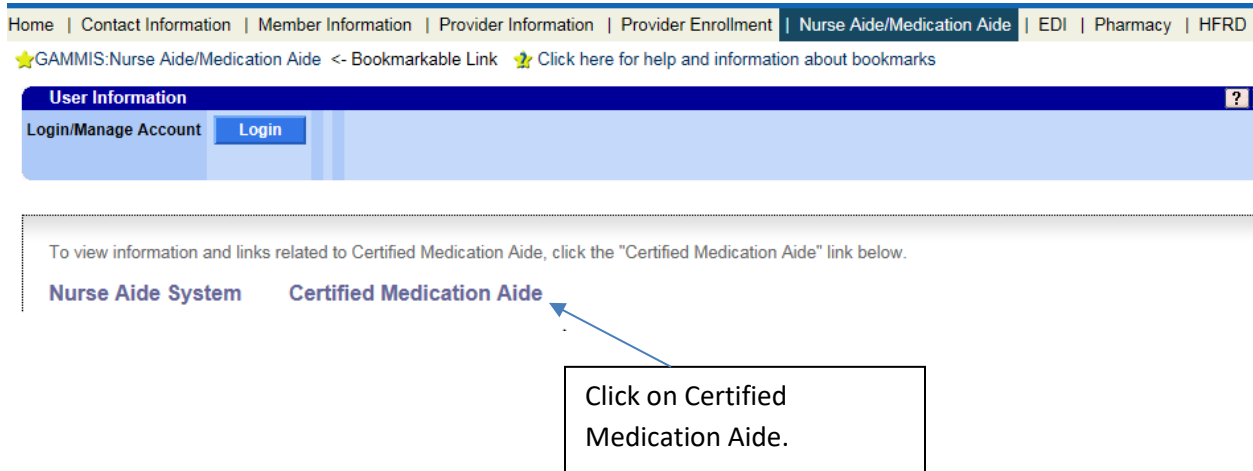
Individuals will access the Instructor registration link via a link on the Nurse Aide Tab of the Georgia Web Portal.

1. Enter https://www.mmis.georgia.gov/portal/default.aspx into your web browser.
2. Click Nurse Aide for the Nurse Aide/Medication Aide tab.

3. **Select the Certified Medication Aide Link.**
4. Select the link for **CMA Instructor Registration**.

5. Read the attestation statement and click the 'I agree' checkbox. Click 'Next'.

Instructor Register

I understand that under the Georgia Medication Aide Program all guidelines must be followed as permitted by Georgia law, O.C.G.A. 7-12.2., including the following:

• I am licensed in good standing in the State of Georgia

• I will verify that the applicant who is applying to become a certified medication aide is listed as a certified nurse aide in good standi on the Georgia Nurse Aide Registry.

• I will utilize the Department of Community Health (DCH)-approved medication aide training program and the standardized skills checklist. However, I understand that I may supplement the DCH-approved medication aide training curriculum and checklist with m own training materials. The additional training materials used will not conflict with the DCH-approved medication aide training progra and the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63.

• I personally will observe the applicant successfully complete without prompting, the tasks listed on the Department's standardized checklist for medication administration in a setting where a certified medication aide may be authorized to function for individuals wh actually require the administration of their medications.

☑ I Agree

Next

6. The Instructor Registration page will be displayed. Complete all fields on the page. Note that email will serve as the primary method of communication and is a required field. **Suggestion: Please use a personal email address instead of email assigned from employer. Your e-mail will be used as your username.**

7. Once all information has been entered, click 'save'.

Instructor Register

Last Name :	Doe	Middle Initial :	
First Name :	John		
Gender :	MALE ▾	Social Security Number :	___-__-____
License Number :		Credential :	MD ▾
Address Line 1 :			
Address Line 2 :			
City :		County :	▾
State :	▾	Zip :	
Email :		Fax :	- -
Phone :	- - Ext.	Phone 2:	- -

Comments :

Save Cancel

8. A message will be displayed confirming that the record has been saved.

Save | Cancel | **Record saved successfully.**

You have successfully registered.

Verification of good standing on the licensure board must be conducted before instructor approval is given. Please allow up to 10 business days for approval. Instructor Approval will be sent via the email along with username and a link to create a password. The username and password must be used to enter on-line final skills checklist and to proctor the written examination for each medication aide applicant.

It is the responsibility of the instructor to take all precautions necessary for secure proprietary and HIPAA information and to prevent unauthorized access. NEVER reveal passwords to anyone under any circumstances. Do not store or write a password anywhere it is visible to others. It is a good practice to use different passwords for different applications.

9. Once a registrant's credentials have been verified and their status has been changed to Active, they will receive an email with instructions on how to set up a login ID and password. This login and password will be used to administer the online competency test and complete the online CMA skills checklist. **Your e-mail will be used as your username.**

10. Click on Forgot Password to reset password under the Section II-**CMA Instructor Access to Checklist & Online Competency Test.**

Please refer to the document in Section V. on the portal, "**CMA Instructor Test/Certificate Instructions**" for detailed instructions.