

EMPLOYEE NAME	EMPLOYEE E-MAIL ADDRESS
AGENCY NAME & ADDRESS	PHONE # (Include Area Code)
EMPLOYMENT ADDRESS	PHONE # (Include Area Code)

Employee has obtained a test score of 80% or above based on the medication administration course held at:

LOCATION		DATE	
INSTRUCTOR (Print)		SIGNATURE	
CO-INSTRUCTOR		SIGNATURE	

Clinical Practicum

This employee has completed three errorless performances including pouring, administering, and the recording, and the demonstrated knowledge of medications (their classification, intended action, side effects) and is certified to administer medications for one year from:

CERTIFICATION BEGIN DATE		to	CERTIFICATION END DATE

INSTRUCTOR'S NAME (Print)	SIGNATURE	DATE

Recertification: Required Yearly

Directions: The following areas should be addressed by a registered nurse who will complete the yearly recertification.

- Update on medications
- Update on policy
- Review of vital signs (Intermediate Care Facilities)
- Review of charting and five rights
- Observation of one errorless medication administration procedure

NAME (Print)	SIGNATURE	DATE