

ANNUAL PRACTICUM - STUDENT

STUDENT'S NAME: _____

ORIGINAL CERTIFICATION DATE: _____ COMPLETION DATE: _____

MEDICATION ADMINISTRATION RECORD (MAR) REVIEW

Completion Date: Use date from Initial Certification

MONTH/ YEAR REVIEWER'S NAME* RESULTS REMEDIATION DATE

1. _____ Pass: ____ Fail: ____ Date: _____

2. _____ Pass: ____ Fail: ____ Date: _____

MEDICATION ADMINISTRATION OBSERVATION

MONTH/ YEAR OBSERVER'S NAME* RESULTS

1. _____ Pass: ____ Fail: ____

2. _____ Pass: ____ Fail: ____

Additional
MAR
Review
(if required)

MONTHS/ YEAR REVIEWER'S NAME RESULTS REMEDIATION

1. _____ Pass: ____ Fail: ____ Date: _____

2. _____ Pass: ____ Fail: ____ Date: _____

Additional
Observations
(if required)

MONTHS/ YEAR OBSERVER'S NAME RESULTS

1. _____ Pass: ____ Fail: ____

2. _____ Pass: ____ Fail: ____

3. _____ Pass: ____ Fail: ____

A summary of the staff performance appears above and as a result staff member has:

RECERTIFIED _____ FAILED TO RECERTIFY _____

**TRAINER SIGNATURE _____ DATE _____

PROVIDER NAME _____

* The Reviewer/Observer may be a Practicum Observer or a Trainer.
** Certified Trainer's name must appear here on the "Trainer Signature" Line.

Rev. April 2017
Page 1 of 1