

SUMMARY and CERTIFICATION
INITIAL TRAINING - STUDENT
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PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
MEDICATION ADMINISTRATION PROGRAM

STUDENT'S NAME: _____

(Certification consists of grades from Online Exams, Skills, & Observations)

1.) ONLINE EXAMINATIONS

| | | |
|-------------------------------|------------------|-----------------------|
| MULTIPLE CHOICE TEST | STUDENT'S SCORE: | |
| TOTAL POSSIBLE POINTS: | 50 | _____ |
| WRITTEN DOCUMENTATION TEST | STUDENT'S SCORE | |
| SCRIPT/LABEL POSSIBLE POINTS: | 15 | _____ |
| MAR POSSIBBLE POINTS | 25 | _____ |
| TOTAL POSSIBLE POINTS | 40 | STUDENT'S SCORE _____ |

TRAINER SIGNATURE: _____ DATE: _____

2.) SKILLS DEMONSTRATION

| | | |
|--------------------------------------|-----------|-----------------------|
| HANDWASHING POSSIBLE POINTS (0 OR 5) | 5 | STUDENT'S SCORE _____ |
| GLOVING POSSIBLE POINTS (0 OR 5) | 5 | STUDENT'S SCORE _____ |
| TOTAL POSSIBLE POINTS | 10 | STUDENT'S SCORE _____ |

TRAINER SIGNATURE: _____ DATE: _____

TOTAL SCORE (Total of items #1 and #2) **100** STUDENT'S SCORE _____

3.) MEDICATION ADMINISTRATION OBSERVATIONS

| | DATE | OBSERVER'S NAME | RESULTS | |
|----------------|-------|-----------------|---------|-------|
| | | | PASS | FAIL |
| OBSERVATION #1 | _____ | _____ | _____ | _____ |
| OBSERVATION #2 | _____ | _____ | _____ | _____ |
| OBSERVATION #3 | _____ | _____ | _____ | _____ |
| OBSERVATION #4 | _____ | _____ | _____ | _____ |
| OBSERVATION #5 | _____ | _____ | _____ | _____ |
| OBSERVATION #6 | _____ | _____ | _____ | _____ |

A summary of the staff performance appears above. Based on this , staff named above has:

PASSED: _____ FAILED: _____ DATE: _____

TRAINER SIGNATURE: _____

PROVIDER NAME: _____

This document certifies whether or not the individual named has successfully completed the requirements of the department approved Medication Administration Course.