

The Medication Administration Training Program

Training Material Order Form

Please print legibly

Order Date (Today's date): _____ Training Materials Needed by (date): _____

Provider Agency Name: _____

Contact (Trainer's) Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Please Deliver Package to the address below:

+++ Package Delivery: _____ Sign for Package _____ Package may be left

Trainer's Certificate Expiration Date: _____

Please select the DHS Program the agency is licensed under:

___ 2380 ___ 2390 ___ 2600 ___ 2800 ___ 3800 ___ 6400 ___ 6600 ___ Chapter 11 Aging

ITEMS AVAILABLE	QUANTITY x	UNIT PRICE	TOTAL
Student Manual	_____ x	\$10.00	_____
Trainer Manual (Original- Manual course)	_____ x	\$27.00	_____
Trainer Manual (Revised for Online course)	_____ x	\$27.00	_____
Practicum Observer Materials	_____ x	\$ 8.00	_____
Student Materials	_____ x	\$ 8.00	_____
TOTAL AMOUNT DUE			_____

Make Check or Money Order Payable to: **Temple University**

Mail Check or Money Order to:

Temple University- Harrisburg Campus

234 Strawberry Square

Harrisburg, PA 17101

Attn.: Medication Administration

- *Price includes shipping. ♦ Materials are not mailed until payment is received.*
- *Please allow a minimum of 2 weeks from the post mark date for us to process your order.*
 - *These materials are optional for the online course.*