

## Medication Administration Training Program - Agency/Entity/Role Designation Form

Please complete the information in the table provided so that your Agency/Entity's "Entity Administrator and Primary Contact/s" can be identified in the Medication Administration On-line Registration system.

**Program Type Options:** Aging, ODP, Assisted Living, OCYF, PCH // Chapter: 11, 2380, 2390, 6400, 6600, 2800, 2600, 3800

The completed form can be sent by opening a ticket at [www.mahelpdesk.com](http://www.mahelpdesk.com) - category Agency Entity Role Designation issue (and attaching to the ticket) **OR** can be sent via **fax\*** to the attention of Medication Administration: **(717) 221-1638**.\*

Please indicate purpose of this form:

Identify New Agency in the System

Replacing Previous Agency ■ Name of Agency to be removed: \_\_\_\_\_

Change Agency Administrator ■ Name of Administrator to be removed: \_\_\_\_\_

Change Agency Primary Contact(s) ■ Name(s) of Contact(s) to be removed: \_\_\_\_\_

\*If you fax the form please indicate in the ticket that you have faxed it so that we can get it from the fax machine in a timely fashion.

**One Entity Administrator will need to be identified for each Agency/Entity.**

ROLES		INFORMATION	USER INFORMATION	
<b>Entity Administrator</b>		AGENCY/ENTITY NAME:		
		FEIN/NPI/MPI #:		
		PROGRAM TYPE//CHAPTER		
		ADMINISTRATOR NAME:		
		TITLE:		
<b>Agency Capacity:</b>		STREET ADDRESS:		
		CITY/STATE/ZIP		
		EMAIL ADDRESS:		
		WORK PHONE #:		
		FAX #:		

**The Administrator manages** the agency/entity profile. The Administrator also manages primary contacts by: 1.) Adding a new Primary Contact (name, email address, address, phone) 2.) Updating an existing Primary Contact and 3.) Deactivating a Primary Contact (via this form)

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A Primary Contact will need to be identified for each Facility within your Agency/Entity. Please complete the below information **for each Facility designating a Primary Contact**. Please copy/paste the table below as many times as necessary.

ROLES	INFORMATION	USER INFORMATION	
Primary Contact	AGENCY/ENTITY NAME:		
	FEIN/NPI/MPI #:		
	FACILITY NAME:		
	PROGRAM TYPE//CHAPTER		
	FACILITY CAPACITY//# SSI RESIDENTS		
	PRIMARY CONTACT NAME // TITLE:		
	ADDRESS:		
	CITY/STATE/ZIP		
	EMAIL ADDRESS:		
	WORK PHONE #:		
	FAX #:		
ROLES	INFORMATION	USER INFORMATION	
Primary Contact	AGENCY/ENTITY NAME:		
	FEIN/NPI/MPI #:		
	FACILITY NAME:		
	PROGRAM TYPE//CHAPTER		
	FACILITY CAPACITY//# SSI RESIDENTS		
	PRIMARY CONTACT NAME // TITLE:		
	ADDRESS:		
	CITY/STATE/ZIP		
	EMAIL ADDRESS:		
	WORK PHONE #:		
	FAX #:		

**The Primary Contact role** is to manage primary contact profile, employee profiles, verify employment, and to approve employee requests to participate in training and may provide online payment for the employee to participate in the course. The Primary Contact: Assists Users with Registration, Updates Profile including deactivating a person's employment, Verifies Employment by Logging in as Primary Contact Clicking on Request tab, Confirming Employment. May provides online payment for individuals registering training. Receives notification of employees pass/fail of course. Access to employee trainer certificate

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ROLES	INFORMATION	USER INFORMATION
<b>Primary Contact</b>	AGENCY/ENTITY NAME:	
	FEIN/NPI/MPI #:	
	FACILITY NAME:	
	PROGRAM TYPE//CHAPTER	
	FACILITY CAPACITY//# SSI RESIDENTS	
	PRIMARY CONTACT NAME // TITLE:	
	ADDRESS:	
	CITY/STATE/ZIP	
	EMAIL ADDRESS:	
	WORK PHONE #:	
	FAX #:	
ROLES	INFORMATION	USER INFORMATION
<b>Primary Contact</b>	AGENCY/ENTITY NAME:	
	FEIN/NPI/MPI #:	
	FACILITY NAME:	
	PROGRAM TYPE//CHAPTER	
	FACILITY CAPACITY//# SSI RESIDENTS	
	PRIMARY CONTACT NAME // TITLE:	
	ADDRESS:	
	CITY/STATE/ZIP	
	EMAIL ADDRESS:	
	WORK PHONE #:	
	FAX #:	

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