

SUMMARY AND CERTIFICATION

ANNUAL PRACTICUM – STUDENT

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
MEDICATION ADMINISTRATION PROGRAM

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

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

MEDICATION ADMINISTRATION OBSERVATION

MONTH/ YEAR	OBSERVER'S NAME*	RESULTS
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1. _____ Pass: _____ Fail: _____

2. _____ Pass: _____ Fail: _____

**Additional
MAR
Review
(if required)**

MONTHS/ YEAR	REVIEWER'S NAME	RESULTS	REMEDIATION
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1. _____ Pass: _____ Fail: _____ Date: _____

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

**Additional
Observations
(if required)**

MONTHS/ YEAR	OBSERVER'S NAME	RESULTS
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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.- July, 2017
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