SUMMARY and CERTIFICATION
INITIAL TRAINING - STUDENT

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
MEDICATION ADMINISTRATION PROGRAM

INITIAL TRAINING -- STUDENT

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.