

STATE OF CONNECTICUT DEPARTMENT OF CHILDREN & FAMILIES

DCF Medication Administration Program **Skills Verification**



STUDENT'S NAME:		DATE:
PROGRAM NAME:	INSTRUCTOR'S NAME:	

The goal of the DCF Medication Administration Certification training is to assure safe administration of medication to youth who reside in DCF licensed child caring facilities.

The Certification Process includes:

- 1. Basic Medication Administration Curriculum in person by DCF Endorsed Instructor or self-directed on-line
- 2. Skills Verification by DCF Endorsed Instructor
- 3. Basic Medication Administration exam must pass with 85% or better
- 4. Successful completion of facility internship

Minimum Requirements for Endorsed Instructor to include in Skills Verification	 □ Opportunity for review of material covered in the Basic Medication Curriculum (optional based on student need) □ Demonstration of skills including: ○ 5 Rights and Rule of Three ○ Steps of the Medication Administration Procedure ○ Techniques taught in Basic Medication Curriculum □ Opportunity to practice demonstrated skills □ Successful return presentation of techniques by student/employee
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STUDENT AND INSTRUCTOR MUST SIGN UPON SUCCESSFUL DEMONSTRATION OF REQUIRED SKILL

Technique		Student Initials	Instructor Initials
5 Rights and Rule	of Three		
Steps of the Medi	cation Administration Procedure		
Metered Dose Inh procedure	aler using the steps of the medication administration		
Eye Medication	Ointment		
	Drops		
Nasal Spray			
Ear Drops			
Topical Medication	٦		

Signature below indicates that this student has met the minimum requirements of the Skills Verification as taught by the DCF Endorsed Instructor. S/he is now eligible to sit for the Basic Medication Administration exam.

ENDORSED INSTRUCTOR SIGNATURE:	STUDENT SIGNATURE: