CT DDS Medication Administration Certification
LPN Authorization Qualifications and Application

LPN Authorization qualification requirements:

- Posses a valid, current Connecticut Licensed Practical Nurse license.
- Demonstrate a minimum of six months full time employment (or the equivalent of six months full time for part time employees) with the agency seeking to sponsor authorization.
- Successful completion of overview training (sessions 1 – 4 of DDS Medication Administration Training program for un-licensed personnel).
- Successful completion of approved LPN Authorization training.

Application Process: ***- Must be completed by the LPN***

- Submit initial application to DDS Central Office. Application will require proof of license; evidence of a minimum of six months (or the equivalent for part time) employment with sponsoring agency.
- Initial application will be reviewed and all applicants meeting the initial requirements will be approved pending successful completion of the LPN Authorization training program.
- Upon successful completion of the LPN Authorization training program, DDS will issue a letter notifying the applicant of authorization status and will send all necessary information to sponsoring agency needed to complete on-site requirements

LPN Authorization Training Program

- All applicants meeting the initial qualifications will be required to participate in LPN Authorization training program. Each applicant will be required to demonstrate successful completion of the training program provided by the Department.
- Any applicant failing to participate in the LPN Authorization training program or failing to meet the standards for authorization will not obtain authorization.

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Please complete the following application to obtain LPN Authorization. **MAIL- DO NOT FAX-** the completed application along with a copy of your license and job description to:

Department of Developmental Services
Med Admin Unit
460 Capitol Avenue
Hartford, CT 06106

Part 1

Type of application (check one) ☐ Initial	☐ Renewal Authorization expiration date:
Name:	
License #	(attach a copy of your current valid Connecticut license)
Agency Name:	
Agency Address:	
Agency Phone:	Agency Fax:
E-Mail address:	Date of Hire as LPN: __ __/__ __/__ __ ☐ full time ☐ part time

Part 2 - Initial Application only:

Clearly describe in detail the work or duties performed as the LPN at your specific worksite(s). Include experience teaching or training people in the area of medication administration as well as knowledge or experience in the area of developmental disabilities (attach additional pages if necessary).
Attach agency job description for your position.

Name of specific worksite:	Phone #:
Name of RN Supervisor:	RN supv. phone #:
LPN Duties at specific worksite:	

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Part 3 – Initial and Renewal Applications

Certification: I certify that the above statements made by me on this application are complete and true to the best of my knowledge and are made in good faith. I understand that if I knowingly made any misstatement of facts, I am subject to disqualification. (Please read your application carefully before signing.)

Signature_____ Date: _____

For Office use only

Authorization #:	
Initial application received:	Renewal application received:
Overview Training Dates:	License attached:
Authorization Training dates:	Authorization renewed:
Evaluation received:	
Authorization expiration:	
Comments:	