Connecticut Department of Children and Families DCF MEDICATION ADMINISTRATION PROGRAM SKILLS VERIFICATION

DCF-2274





Employee's LAST Name:		Employee's FIRST Name:		Date:	
Program Name:			Instructor's LAST Name:	Instructor's FIRST Name:	
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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 be 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 Demonstration of skills including: Steps of the Medication Administration Procedure Techniques taught in Basic Medication Curriculum Opportunity to practice demonstrated skills				m (optional, based on need)	
Successful return presentation of					
EMPLOYEE AND INSTRUCTOR MUST SIGN UPON SUCCESSFUL DEMONSTRATION OF REQUIRED SKILLS (listed below)					
Technique			Employee Initials	Instructor Initials	
5 Rights and Rule of Three					
Steps of the Medication Administration Procedure					
Metered Dose Inhaler using the steps of the medication administration procedure			е		
Eye Medication	Ointment				
	Drops				
Nasal Spray					
Ear Drops					
Topical Medication					
Signature below indicates that this employee 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's Signature:			Employee Signature:		