

THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MENTAL RETARDATION
MEDICATION ADMINISTRATION TRAINING PROGRAM

STUDENT EXAMINATION DATA SUMMARY SHEET

ANNUAL PRACTICUM

STUDENT'S NAME: _____

See Student Testing Instructions for completing the Student Examination Data Summary Sheet.

In order to pass the annual practicum the student must PASS four Quarterly MAR Reviews (PASS = no errors or a fail with remediation) and complete 2 successful Medication Administration Observations (includes successful completion of 2 additional observations if one of the initial observations was failed) within 12 months from the last Annual Practicum.

1). MEDICATION ADMINISTRATION RECORD (MAR) REVIEW:

<u>MONTHS/YEAR</u>	<u>REVIEWER'S NAME</u>	<u>RESULTS</u>	<u>DATE OF REMEDIATION</u>
1. _____	_____	PASS: _____ FAIL: _____	_____
2. _____	_____	PASS: _____ FAIL: _____	_____
3. _____	_____	PASS: _____ FAIL: _____	_____
4. _____	_____	PASS: _____ FAIL: _____	_____

2). MEDICATION ADMINISTRATION OBSERVATION

	<u>DATE</u>	<u>OBSERVER'S NAME</u>	<u>RESULTS</u>
#1 OBSERVATION	_____	_____	PASS: _____ FAIL: _____
#2 OBSERVATION	_____	_____	PASS: _____ FAIL: _____

ADDITIONAL OBSERVATIONS (IF REQUIRED)

	<u>DATE</u>	<u>OBSERVER'S NAME</u>	<u>RESULTS</u>
#3 OBSERVATION	_____	_____	PASS: _____ FAIL: _____
#4 OBSERVATION	_____	_____	PASS: _____ FAIL: _____
#5 OBSERVATION	_____	_____	PASS: _____ FAIL: _____
#6 OBSERVATION	_____	_____	PASS: _____ FAIL: _____
#7 OBSERVATION	_____	_____	PASS: _____ FAIL: _____

A summary of the results of the student's examinations appear above. Based on these results the individual has _____ has not _____ successfully completed the Annual Practicum for the Medication Administration Course.

TRAINER'S SIGNATURE: _____ STUDENT PASS DATE: _____