

**THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE
MEDICATION ADMINISTRATION TRAINING PROGRAM**

STUDENT CERTIFICATION FORM

This document certifies that the individual named below has successfully completed the requirements of the department approved Medication Administration Course.

NAME: _____
STUDENT'S SIGNATURE

STUDENT'S NAME-PLEASE PRINT

AGENCY: _____

TRAINING COMPLETION DATE: _____

Please place a check on the correct line below:

INITIAL TRAINING _____

INITIAL ANNUAL PRACTICUM _____

ANNUAL PRACTICUM _____

TRAINER INFORMATION

TRAINER'S SIGNATURE CERTIFICATE EXPIRATION DATE (Most current)

TRAINER'S NAME-PLEASE PRINT

TRAINER'S SIGNATURE CERTIFICATE EXPIRATION DATE (Most current)

TRAINER NAME-PLEASE PRINT

The Student Certification Form is used to document Initial Training; Initial Annual Practicum and ongoing Annual Practicums. All non-licensed who administer medication are required to have Annual Practicums to document continued competency administering and documenting medication administration.