

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

STUDENT EXAMINATION DATA SUMMARY SHEET

ANNUAL PRACTICUM

STUDENT'S NAME: _____

See Student Testing Instructions for completion instructions.

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: _____

A summary of the results of the student's practicum 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: _____