



Missouri Coalition of Children's Agencies

213 East Capitol Avenue, Suite 101 ♦ Jefferson City, Missouri 65101
 Ph: 1- 800/942-0326 www.e-mcca.org Fax: 573-635-9848

Medication Certification Examination and Score Sheet

Competency Needs To Be Completed Within 60 Days of Starting Course
 Keep a copy of this completed form on each employee in your agency.

**Final Examination
 Test SCORE**

Name _____ Social Sec No. _____

(PRINT legibly in block letters or application will be returned)

Training Site _____ Employer _____

Agency Address _____ City _____ State _____ Zip _____

Date Started Course _____ Date Completed Competency _____

Instructor's Name _____ Instructor's (W) Phone (_____) _____ - _____

Competencies - Please Circle "Yes" or "No" for each competency.					
Wash Hands	Yes	No	List Medications <u>Administered</u>	Yes	No
Gloving	Yes	No	1.	Yes	No
♦Child Development	Yes	No	2.	Yes	No
♦Child Care Responsibilities and Legal Issues	Yes	No	3.	Yes	No
♦Introductions to Vital Signs-Medication Terminology and Abbreviations	Yes	No	4.	Yes	No
♦Health Problems and Diseases of Childhood	Yes	No	5.	Yes	No
♦Observation skills and Assessment Tools	Yes	No	6.	Yes	No
♦Medication Classifications, Actions and Effects	Yes	No	7.	Yes	No
♦Medication Storage and Control	Yes	No	8.	Yes	No
♦Medication Preparation Administration and Recording	Yes	No	9.	Yes	No
♦Psychotropic Medications	Yes	No	10.	Yes	No
			3 other routes simulated, Eyes, Ears, topical, etc. 1-7 oral meds ● 8-10 Other routes		
NOTE: Preparation and administration of Medication requires 100% accuracy.					

Comments: _____

Candidate Signature: _____ Date: _____

Instructor Signature	Agency Administrator/Designee Signature	Approved	Not Approved
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