



Missouri Coalition of Children's

213 East Capitol Avenue, Suite 101 ♦ Jefferson City, Missouri 65101

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www.e-mcca.org

Fax: 1-800-635-1968

Medication Certification Examination and Score Sheet

Competency needs to be completed within 60 days of starting course. Keep a copy of this completed form for each employee in your agency.

Test Taken

- A
- B
- C

Required: Test Authorization Code

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.

	Yes	No	List Medications <u>Administered</u>	Yes	No
Wash Hands					
Gloving			1.		
♦Child Development			2.		
♦Child Care Responsibilities and Legal Issues			3.		
♦Introductions to Vital Signs-Medication Terminology and Abbreviations			4.		
♦Health Problems and Diseases of Childhood			5.		
♦Observation skills and Assessment Tools			6.		
♦Medication Classifications, Actions and Effects			7.		
♦Medication Storage and Control			8.		
♦Medication Preparation Administration and Recording			9.		
♦Psychotropic Medications			10.		

NOTE: Preparation and administration of medication requires 100% accuracy.

Three other routes simulated, Eyes, Ears, topical, etc.
1-7 oral meds ● 8-10 Other routes

Candidate Signature: _____ Date: _____

_____ Instructor Signature	_____ Agency Administrator/Designee Signature	_____ Approved	_____ Not Approved
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