



Completion of Medication Administration Certification

Internship Verification Form

Name: _____ Facility: _____

The above candidate has successfully completed all components of the medication certification internship at this DCF licensed/operated facility. This internship has included the following:

- Orientation to facility policy and procedure for medication administration.
- Shadowing of an experienced medication certified staff person during actual medication passes. – Minimum of 2 complete medication passes.
- Demonstration of administration skills with a licensed nurse. Checklist B
- Supervised medication administration.- Minimum of 2 medication passes.

A certificate will be issued by the Department of Children and Families upon receipt of this signed and dated form.

- ❖ **CANDIDATE MAY NOT ADMINISTER MEDICATION UNTIL EMPLOYING FACILITY HAS RECEIVED CERTIFICATE.**
- ❖ **CERTIFIED STAFF SHALL NOT DISPENSE MEDICATION UNDER ANY CIRCUMSTANCES.**

Mail form to: DCF Medication Administration Program

Bureau of Continuous Quality Improvement
505 Hudson Street
Hartford, CT 06106

OR

Fax form to: (860) 550-6541

Candidate's signature: _____ Date: _____

Nurse's signature: _____ Date: _____

Facility Director's signature: _____ Date: _____