



Division of Early Childhood
Office of Child Care: Licensing Branch

Medication Administration Training Trainer Application

For OCC Use Only

Date Attended Orientation Application Approved Yes No

By Nurse Consultant Date

Trainer Approval # Date Assigned

Name MBON-RN# Expiration Date
Phone Email
Address Street City State Zip code
Education

Table with 3 columns: School, Years Attended, Degree/Certification

Please summarize any experience, skills, and/or training that you feel makes you a good candidate to teach Pediatric Medication Administration standards and procedures to childcare staff.

Four horizontal lines for text input.

By submitting this application, I affirm that the facts set forth are true and complete. I understand the roles and responsibilities of a medication administration-training instructor and agree to abide by the Office of Child Care's Medication Administration Training Guidance and Standards.

Signature Date

Please mail the completed application (2 pages) with the current Resume to:
Nurse Consultant
Maryland State Department of Education, Division of Early Childhood
200 West Baltimore Street, Baltimore, MD-21201



Division of Early Childhood
Office of Child Care: Licensing Branch

Medication Administration Training Trainer Plan

Name _____ MBON-RN# _____

Phone _____ Email _____

Training will be offered in the following Counties (*include locations if known*): _____

Day Hours _____ to _____ and/or Evening Hours _____ to _____

Application Process/How to Register for a Class: _____

Fee Structure (\$ min-max): _____

Methods of Payment Accepted: _____

Refund Policy: _____

Cancellation Policy (by Trainer and Participant): _____

“No Show” Rescheduling Policy: _____

Advertising Methods: _____

Signature _____ Date _____

Mail the training plan with the application to:
Nurse Consultant
MSDE, DECD Office of Child Care, Licensing Branch
200 W. Baltimore Street, Baltimore, MD 21201