Division of Early Childhood Development
Office of Child Care - Licensing Branch

Medication Administration Instructor Application

For OCC Use Only

Date Attended Orientation _____ Application Approved _____ Yes _____ No

By _____ Date _____
Nurse Consultant

Trainer Approval # _____ Date Assigned _____

Name _____MBON-RN#_____Exp_____

Phone _____ Email _____

Address _____
Street City State Zip code

Education

School	Years Attended	Degree/Certification

Please summarize any experience, skills, and/or training that you feel makes you a good candidate to teach Medication Administration to adults.

_____
_____
_____
_____
_____

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

Signature _____ Date_____

Application may be mailed to:

MSDE, DECD Office of Child Care, Licensing Branch
200 W. Baltimore Street, Baltimore, MD 21201
ATTN: Nurse Consultant

Division of Early Childhood Development
Office of Child Care - Licensing Branch
Medication Administration Training 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: _____
_____

Methods of Payment Accepted: _____
_____

Refund Policy: _____
_____

Cancellation Policy (by Trainer and Participant): _____
_____
_____

"No Show" Rescheduling Policy: _____
_____
_____

Advertising Methods: _____
_____
_____

Sample Training Certificate ☐ **Attached** ☐ **Will submit prior to 1st scheduled training session.**

Signature _____ **Date**_____

Mail the training plan with the application to:

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200 W. Baltimore Street, Baltimore, MD 21201
ATTN: Nurse Consultant