

Trainer Number assigned: _____ Date assigned: _____



MEDICATION ADMINISTRATION TRAINER APPLICATION FORM

Name of Proposed Trainer: _____

If this trainer is providing training as an employee of another person or business, name of Medication Administration Training Provider: _____

Mailing Address _____

Telephone number: _____

E-mail Address: _____

License Number: _____ Expiration date: _____

Course: 65G-7 Medication Administration

Classroom hours: No less than 6

65G-7 Prescribed Enteral Formula Administration

Classroom hours: No less than 2

65G-7 Insulin Administration

Classroom hours: No less than 4

I will teach, as provided, without changes:

- APD curriculum 65G-7 Medication Administration – no less than six classroom hours.
- Web-based format (trainer provided, using APD curriculum) – no less than six hours.
- APD curriculum 65G-7 Prescribed Enteral Formula Administration – no less than two classroom hours – not available in Web-based format.
- APD curriculum 65G-7 Insulin Administration – no less than four classroom hours – not available in Web-based format.

Signature of Trainer Applicant

Date

All trainers must attend an overview course on Chapter 65G-7, F.A.C. before their application to provide Medication Administration Training is approved. In addition, each trainer must attend an annual update provided by the Agency or their local Region.

- Individual has attended and successfully completed an overview course on Ch. 65G-7, F.A.C.

Signature of Agency MCM

Date