



agency for persons with disabilities
State of Florida

PRESCRIBED ENTERAL FORMULA ADMINISTRATION VALIDATION CERTIFICATE

Name of Applicant to be validated:		Date of Prescribed Enteral Formula Administration Training:	
Prescribed Enteral Formula Administration Trainer's Name:		Trainer's Approval Number:	
NOTE – Applicant must have taken the Basic Medication Administration Training and received Validation on a Primary Route of medication administration, at a minimum, before training and validating for Prescribed Enteral Formula Administration		Date of Basic Medication Administration Training:	
Prescribed Enteral Formula Administration Validation Trainer's Name:			Initials:
Check title: <input type="checkbox"/> MD <input type="checkbox"/> ARNP <input type="checkbox"/> LPN <input type="checkbox"/> RN	License number:	License expiration date:	
<i>I hereby certify the direct care provider demonstrated 100% proficiency on Prescribed Enteral Formula Administration at the time skills were validated.</i>			
Prescribed Enteral Formula Administration Validation Trainer's signature:			← (Must sign)
Prescribed Enteral Formula Administration Validation Date:	Prescribed Enteral Formula Administration Validation Effective Date:	Prescribed Enteral Formula Administration Validation Expiration Date (12 months from effective date):	

<input type="checkbox"/> Applicant has valid Prescribed Enteral Formula Administration Training certificate for training completed within last 180 days before initial validation <input type="checkbox"/> Demonstrates the ability to comprehend and follow prescribed enteral formula instructions on a physician's order and properly complete a MAR form <input type="checkbox"/> Demonstrates the ability to administer prescribed enteral formula by the enteral administration route <input type="checkbox"/> Demonstrates the ability to write legibly and convey accurate information, and comply with medication administration record keeping requirements	<input type="checkbox"/> Demonstrates the ability to communicate in a manner that permits healthcare providers and emergency responders to adequately and quickly respond to emergencies <input type="checkbox"/> Demonstrates knowledge of the proper storage and handling of prescribed enteral formulas <input type="checkbox"/> Demonstrates adequate training on the correct positioning and use of any adaptive equipment or use of special techniques required for the proper administration of prescribed enteral formulas
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