



agency for persons with disabilities
State of Florida

TEMPORARY VALIDATION

PRINTED NAME OF MEDICATION ASSISTANCE PROVIDER

May administer medication via the _____ route to _____
NAME OF CLIENT

for a period of 30 days or less, to allow time for him/her to obtain a validation from an APD approved Validation Trainer. I have taught this Medication Assistance Provider how to give this medication by this specific route to ensure client safety.

Date of Validation

How long will this validation be needed to ensure client receives medication as prescribed?

Printed Name/Signature of MD/RN/LPN

MD/RN/LPN License Number/Expiration Date

*****Temporary validation is not available for Insulin or Prescribed Enteral Formula Administration, but may be used for Enteral Medication Administration*****