



# 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\*\*\*