

2023

Registration Form for Medication Administration Certification Classes/Renewals/Skills Checks

Attendee Information

***Last Name, First Name:**

***Phone:**

***Email Address:**

***Agency/Independent Provider DODD Provider number:**

***Required Information.** An Employer Affidavit (Application), found on the HCBDD website under the "Provider" tab, must be submitted for registrants of these classes. (Agencies must complete an affidavit for their staff. Independent Providers must complete one for themselves.)

***Required Information for Independent Providers:** Must provide HSD or GED equivalency prior to class.

Mark All Classes to Attend & Date(s) requesting: Date(s): _____

Category 1 Initial Certification

Category 2 Initial Certification

Category 3 Initial Certification

Category 1 Renewal

Skills Checks

Category 2 Renewal

Skills Checks

Category 3 Renewal

Skills Checks

Currently, classes are being offered FREE OF CHARGE