Reference for Validation Certificates

*Validators-for initial validations, you must see the Basic Medication Administration Training Course Certificate and it must be within 180 days of completing the course. For revalidations, you must see last year's validation certificate AND the annual update certificate from either TRAIN Florida or APD-NO EXCEPTIONS!!! No old certificate=no new certificate!

Top of the Validation Certificate- **no blanks allowed!**

apd
agency for persons with disabilities
State of Florida   Date of annual update here

BASIC MEDICATION ADMINISTRATION VALIDATION CERTIFICATE	
Name of Applicant to be validated:	Date of Medication Administration Class:
Medication Administration Trainer's Name:	Trainer's Approval Number:

- <u>Name of Applicant to be validated</u>- the name of the person being validated
- <u>Date of Medication Administration Class</u>- the date the applicant first took the class to become a MAP (now known as the 6-hour Basic Medication Administration Class). After passing the class, a student has 180 days to be validated on his or her primary route. The student may not give medications by any route, including the otic, transdermal, or topical routes until he or she validates on his or her primary route. If the date of the class is unknown, and the applicant has evidence of prior validations, the box should say "unknown, continuously validated"-it cannot be left blank. * Validators- last year's validation certificate is sufficient evidence of a MAP being continuously validated.
- <u>Medication Administration Trainer's Name</u>- the name of the trainer who taught the Basic Medication Administration Class- if unknown, the box should say "unknown"- it cannot be left blank.
- <u>Trainer's Approval Number</u>- this is the training number of the trainer who taught the class—if the trainer is unknown, the box should say "unknown"- it cannot be left blank.
- <u>Date of annual update</u>- date of update written at the top of the certificate verifying when the MAP took the update prior to revalidation. *Validators-the date must be within 60 days of attempting revalidation.

Validation Trainer's Name/APD Trainer Number:			Initials:
Check title: ☐MD ☐APRN ☐LPN ☐RN	License number:	License expiration date:	
Validation Trainer's signature:		⟵——— (*Must sign*)	
Primary Route Validation Date:	Validation Effective Date:	Validation Expiration Date (12 months from effective date):	

- <u>Validation Trainer's Name/APD Trainer Number</u>- this box should have the validator's name **and** trainer number. It is possible that both the class and validation are done by the same trainer and that is okay- both spaces should be filled out separately. This section is reserved for the trainer who validates the applicant's primary route as it will set the dates for the certificate.
- <u>Initials</u>- validation trainer initials
- <u>Check title</u>- this should have a check mark on the trainer's professional title

- License number- number (including prefix) of the validation trainer's professional license for their title (RN, LPN, APRN, MD)
- License expiration date- the date the validation trainer's professional license expires with the state
- Validation Trainer's Signature- must be signed by the validation trainer
- Primary Route Validation Date- This is the current date on which the primary route is being validated or revalidated (either the oral or enteral route). *Validators-this is the *same date* that will be entered in the Primary Route box below your initials.
- Validation Effective Date- This is the date the MAP was first validated on their primary route. Think of this date as their anniversary- **the date will not change from year to year once it is established** (unless the validation expires).*Validators-for MAPs whose original validation date is unknown, use the validation date from 2019 as the Validation Effective Date.
- Validation Expiration Date- This is the **same month and day** as the Validation Effective Date, but the **year** will change during revalidations if the primary route did not expire. A MAP has 60 days before his or her Validation Expiration Date to revalidate.

Middle of Validation Certificate- the routes- **must be handwritten!**

Route(s)	Primary Route (circle one)			Inhaled				One-time validation, by simulation during training course or with other validation. For revalidation, bring date forward.		
	Oral	Enteral	Ophthalmic	Inhaler	Nasal	Nebulizer	Rectal	Otic	Topical	Transdermal
Initials										
Date										

- Primary Route- There are 2 options—either the oral route OR the enteral route may be the primary route, whatever route the MAP uses most. Once the primary route is established, it must be **circled** for the purpose of verifying the effective dates in the section above. It is okay for a MAP to be validated on both the oral AND enteral routes but only 1 can be the primary route. **If the primary route expires, the MAP will have to take the 6-hour Basic Administration Course over again**! *Validators-Validations cannot be done via ZOOM or another web-based platform, they must be done in person!
- Ophthalmic, Inhaled, Nasal, Nebulizer, Rectal Route- these are *non-primary* routes. These routes must be validated on a client with their prescribed medication- no simulation allowed. These routes must be revalidated annually and may have a different date than the primary route. If a non-primary route expires, the MAP cannot give medications via that route until it is revalidated. **The certificate only expires when the primary route is not revalidated in time.** *Validators- If the MAP is getting revalidated on his or her primary route and has validations on routes that have not expired, the MAP can revalidate on that route early if a consumer has a prescribed medication. If not, the MAP should keep his or her old validation certificate showing he or she is still validated on that route for the time being. These routes should not be "brought forward" because it would leave no space to document the revalidation of that route later.
- Otic, Topical, Transdermal- These are also *non-primary* routes, but these routes should have been simulated in class or at a previous validation. Once a MAP is validated on the otic, topical and transdermal routes, the MAP does not have to be revalidated on them unless his or her

certificate expires. The dates for these routes are brought forward every year. *Validators - write "brought forward" in the initials box and the <u>original date of those validations</u> in the date box.

The validation trainer's initials, and the date of validation should be in each box for each non-primary, non-simulated route that was validated. The date and initials should be handwritten. Not all routes will be filled out if the consumer does not have a that type of medication ordered. Having all routes validated on the same day may cause an MCM audit since it is uncommon for a consumer to have a medication from all non-primary, non-simulated routes available all at once for administration.

Bottom of the Validation Certificate:

Primary Route Validation Trainer must validate these skills:

☐ Applicant has valid Basic Medication Administration Training Certificate for training completed within last 180 days before initial validation

☐ Demonstrates the ability to comprehend and follow medication instructions on a prescription label, physician's order, and properly complete a MAR form, including correct transcription from prescription to MAR

☐ Demonstrates the ability to obtain pertinent medication information, including the purpose of the medication, its common side effects, and symptoms of adverse reaction to the medications

☐ Demonstrates the ability to write legibly and convey accurate information in a manner that ensures health, safety, and wellbeing of clients; comply with medication administration record keeping requirements

☐ Demonstrates knowledge of the proper storage, handling and disposal of medications, including special requirements for controlled medications

☐ Demonstrates knowledge of requirements for obtaining authorization for assistance with medication administration, authorization for self-administration of medication with supervision, and informed consent for medication administration assistance

☐ Demonstrates adequate training on the correct positioning and use of any adaptive equipment or use of special techniques required for the proper administration of medication;

☐ Demonstrates the ability to communicate in a manner that permits healthcare providers and emergency responders to adequately and quickly respond to emergencies

- The skills listed above should have check marks or initials in every box (8 boxes)*Validators- when validating the primary route initially **and** annually, you must also validate that the applicant is proficient in the skills in these boxes.

Subsequent route validations: (Name, APD Trainer number, signature, initials, license number and expiration date of Validation Trainer required)

Name of Validation Trainer	APD Trainer #	Signature of Validation Trainer	Initials	License #	License expiration date

- The bottom set of boxes is for validations that are done during the year after the primary route has already been done— these boxes are completely filled out by the validation trainer who comes on a different day after the primary route was already done. If no routes were done after the primary route, then this section will stay blank and that is okay! The trainer that validates the primary route and signs above should not also sign here, either with initial validation or if he or she returns to do a non-primary validation later.