



SUPERVISED MEDICATION PASS FOR NEW MAP CERTIFIED STAFF/SUPPLEMENTAL TRAINING

Staff Name: _____

Date _____

Purpose: To ensure newly certified staff demonstrates the ability to safely administer medication after passing the MAP certification test.

Directions: This form can be completed by a MAP Certified program manager or licensed nurse. Staff must complete all steps successfully, including a transcription. Any section with a no requires supplemental training, and staff may not administer medications. New staff should be observed by a MAP-certified staff or licensed nurse, passing medications to 2 different individuals and completing a transcription. See the attached transcription exercise.

- New staff**
- Supplemental Training**

Staff must complete all steps successfully:	Met Yes No	Comments
Staff identifies the correct medication sheet(s)		
Staff identifies the correct medications (s)		
Staff confirms HCP order(s)		
Staff compares the pharmacy label to the medication sheet.		
Staff prepares the correct dose.		
Staff compares the pharmacy label to the medication sheet again.		
Staff correctly administers medication(s)		
Staff looks again, then correctly documents administration.		
Staff stores and manages medications in a secure manner.		
Staff accurately discontinues one HCP order and transcribes another on the medication sheet- Complete TMMS competency		

- Completed and Passed Transcription Exercise. Approved to pass medications.**
- Forwarded to asktraining@bamsi.org with transcription exercise and Countable Controlled Substance Competency Checklist**
- Needs Supplemental Training by MAP Trainer. MAP Trainer and Supervisor notified.**

Signature of MAP Certified Staff Print Name Date

Signature of Trainer Print Name Date