



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home:

Clarkston

Employee receiving In-Service:

Kelly Grover

Date of 1st In-Service: ___/___/___ Time: ___:___ am/pm L&D:

Date of 2nd In-Service: ___/___/___ Time: ___:___ am / pm Medical:

Date of 3rd In-Service: ___/___/___ Time: ___:___ am / pm DMA TTT:

Date of 4th In-Service: ___/___/___ Time: ___:___ am / pm DMA TTT: _____

Date of 5th In-Service: ___/___/___ Time: ___:___ am / pm DMA TTT: _____

Date of 6th In-Service: ___/___/___ Time: ___:___ am / pm HM:

Date of Final Evaluation: 11/12/21 Time: 12:00 am / pm DMA TTT:

Kaitlin Dickerson

All staff must complete DMA class, Medical class, Homework and DMA Test in LMS along with In-Services and Final Evaluation for certification.

Code #1 _____ Code #2 _____ Code #3 _____

In-Service #		1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1.	MEDICATION AREA-								
	a. Location of ample supplies before administration.							X	
	b. Report medication that is 10 days or less. Check expiration dates on all medication (special attention to epi-pen, prn medication not commonly used). If a medication is not available contact management and medical to obtain medication or further direction. This							X	



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Kelly Grace

Employee Signature

11-12-2021

Date

Kathy DeLo

Home Manager Signature or DMA TTT

11-12-2021

Date