



**BEACON**  
Specialized Living

## Medication Administration In-Service and Evaluation

Name of Facility/Home:

The Oaks

Employee receiving In-Service:

Shatoria Anderson

Date of 1st In-Service: 1/19/22 Time: 2:00 am/pm pm L&D:

Penny Gillette

Date of 2nd In-Service: 1/20/22 Time: 2:00 am/pm pm Medical:

Penny Gillette

Date of 3rd In-Service: 1/21/22 Time: 2:00 am/pm pm DMA TTT:

Penny Gillette

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: 2/11/22 Time: 5:00 am/pm DMA TTT:

Andrea Jackson

**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. 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	✓	✓	✓				✓	
	✓	✓					✓	











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Administration In-Service and Evaluation**

*Shelene Anderson* \_\_\_\_\_ *2/11/22* \_\_\_\_\_

Employee Signature

Date

*Archer Taylor* \_\_\_\_\_ *2/11/22* \_\_\_\_\_

Home Manager Signature or DMA TTT

Date