

# Health Counseling Services Medication Administration CERTIFICATE OF COMPLETION

*This Certificate of Completion verifies that*

**Tia Cunningham**

*has attended six hours of training in Medication Administration*

*on 3/11/2025 (Date test was taken)*

*and has received a score of 98 % on the written examination.*



Passed Written Examination



Did not pass Written Examination

***A score of 85% or greater is required to pass this examination.***

Health Counseling Services recommends that staff members who do not pass the course:

- ☐ Retake the complete HCS Medication Administration course.
- ☐ Attend the HCS Review and Retest/Blended Learning Medication Administration course.

This course is designed for unlicensed staff who are responsible for medication administration or assistance in community settings. These facility settings include group homes, foster care homes, assisted living sites, board and lodging residences, halfway houses, day training, sheltered workshops, and residential treatment centers. Course content includes training on:

- Medications common in community settings.
- Classifications and indications.
- Side effects and allergic reactions.
- Medication administration procedures.
- Medication transcription procedures.
- Documentation and reporting errors.
- Abbreviations and terminology.
- Using a drug reference resource.
- Medication storage and security.
- Legal responsibility and accountability.
- Setting up medications for time away from facility.

This certificate indicates the above-stated person has received six hours of medication administration training. Separate documentation is required for observed skill assessment. This course is not intended to compete with or replace the state-approved forty-eight hour medication training course necessary to become a Trained Medication Aide.

HCS recommends that you discuss specific policies and procedures with your facility supervisor and any additional requirements your facility may have for medication administration.

*HCS encourages students to keep a duplicate copy of this certificate for their personal records.*



7851 Metro Parkway, Ste 250, Bloomington, MN 55425  
Tel: 612-345-8522 • Fax: 612-345-9199  
www.healthcounselingservices.com

A handwritten signature in cursive script, appearing to read "Dawn Sullivan", written over a horizontal line.

Nurse Signature

**Health Counseling Services**  
**Observed Skill Assessment**  
*Certificate of Completion*

*This Certificate of Completion verifies that*

**Tia Cunningham**

*has attended training in administering the following routes of  
medication administration:*

- *oral tablets,*
- *oral liquids,*
- *topical medications,*
- *ear drops,*
- *eye drops,*

*and has demonstrated their skill  
in these routes of medication administration procedures.*



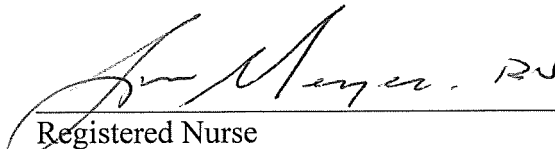
Passed Demonstrated Skill



Did Not Pass Demonstrated Skill

**HCS recommends that you discuss specific policies and procedures with your facility supervisor as well as any additional requirements your facility may have for medication administration.**

*HCS encourages students to keep a duplicate copy of this certificate for their personal records.*

  
\_\_\_\_\_  
Registered Nurse  
Health Counseling Services

3/11/2025  
Date

