

MEORC MEDICATION ADMINISTRATION TRAINING APPLICATION

APPLICATION TYPE: Certification 1 – Medication Administration & Health Related Activities
Certification 2 – Gastrostomy or Jejunostomy Tube
Certification 3 – Subcutaneous Insulin Injection

- | | |
|--|--|
| <input type="checkbox"/> Certification 1, Initial (14 hours) | <input type="checkbox"/> Certification 1, Continuing Education (2 hours) |
| <input type="checkbox"/> Certification 2, Initial (4 hours) | <input type="checkbox"/> Certification 2, Continuing Education (1 hour) |
| <input type="checkbox"/> Certification 3, Initial (4 hours) | <input type="checkbox"/> Certification 3, Continuing Education (1 hour) |

PLEASE PRINT

*** Bold Print Indicates Required Field ***

MR/DD Personnel Name: _____
(Last) (First) (MI)

- Agency Provider Employee Individual Provider County Board Employee

Agency Name/Position Held: _____
(Not Needed for Individual Providers)

Employer Address: _____
(Not Needed for Individual Providers) (Street) (City) (State) (Zip Code)

Social Security Number: _____ **Date of Birth:** _____

Home Address: _____
(Street) (City) (State) (Zip Code)

E-Mail Address: _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____
(Contact number for Provider requested for notification of unexpected changes or cancellation)

County of Residence: _____ **County(ies) you work in:** _____

Date(s) of Class: _____ **Date Current Certification will expire:** _____
(If Applicable)

How did you hear about us? County Board Provider Contact SSA Previous MEORC Training
 MEORC Brochure MEORC Web Site Co-Worker Other _____

MR/DD Personnel Assurances

I certify that _____ meets the following requirements as set
(Name of MR/DD Personnel attending certification training)

forth by the State of Ohio:

1. The MR/DD Personnel is 18 years of age or older.
2. The MR/DD Personnel earned a high school diploma or GED.
3. The MR/DD Personnel is not on the state nurse aide registry in regard to abuse or neglect of a long-term care facility resident or misappropriation of resident property.
4. The MR/DD Personnel is not on the state abuser registry in regard to having committed alleged abuse or neglect of an individual or misappropriation of an individual's property.
5. The MR/DD personnel is in compliance with the applicable criminal background check requirements established under sections 5126.28 and 5126.281 of the Revised Code and rules 5123:2-1-05, 5123:2-1-05.1, and 5123:2-3-06 of the Administrative Code.

***Signature:** _____ **Date:** _____

Signature of Agency Representative: _____ **Date:** _____
(Not Needed for Individual Providers)

Please return signed application along with payment to MEORC 1 Avalon Road, Mt. Vernon Ohio 43050
If delivering in person please bring check or money order to MEORC 160 Columbus Road Mt. Vernon, Ohio