



Print Name: _____

Date: _____

Position Title: _____

Certifications:

- 1. Are you a Certified Nursing Assistant? Yes No
- 2. Are you a Licensed Practical Nurse? Yes No
- 3. Are you currently approved to administer medication through a MTTP, CNA or LPN certification program? Yes No
- 4. Have you successfully completed the Medication Technician Training Program (MTTP) revised in January 2006? Yes No
- 5. Has your privilege to administer medication in a DDA licensed provider community program ever been revoked or terminated? Yes No

(If You Have Answered Yes To Question #4, Then Please Complete the Following)

Authorization For The Release Of Medication Administration Information Only

I, _____ do hereby authorize the Department of Human Resource Management
(Print name)

to obtain information from _____ concerning my eligibility
(Print agency name and date of certification)
to administer medications status.

I hereby release any and all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any cause of action I might otherwise have against such employer arising out of the provision of information concerning my employment.

I understand that any information obtained, that is in whole or in part contradictory to the information provided by me during the employment process, will be considered in determining my eligibility for continued employment by Chimes.

Signature: _____

Date: _____

ROUTE TO: Human Resource Assistant for verification of certification of MTTP, CNA, or LPN on the Maryland Board of Nursing.

HRA Signature: _____

Date: _____