MEDICATION ADMINISTRATION TRAINING PROGRAM – AGENCY/ENTITY/ROLE DESIGNATION/VERIFICATION FORM

Please complete the information on this page to identify your Agency/Entity. Please complete the information on the following page(s) to identify your Agency Administrator or Primary Contact in the online Medication Administration system and to verify employment of re-certifying or new trainers. You may also use this form to indicate staff who are no longer agency administrators or primary contacts or trainers who have left the agency and that we should remove from your agency in the online system.

The completed form can be scanned and attached to an existing help desk ticket. or a new help desk ticket can be created at **www.mahelpdesk.com**.   Please include your ticket number **here**:

Please note: Only providers/agencies/facilities that fall into the below Program types and Chapters are eligible to participate in the Medication Administration Training Program.

> **Program Type:** *Aging, Assisted Living, OCYF, ODP, PCH, OMHSAS- (CRR, LTSR, Crisis Intervention, RTF-A)*
> **Program Chapter:** *Chapter 11, 2800, 3800, 2380, 2390, 6400, 6600, 2600*

Please indicate the purpose of this form (check all that apply):

This is a new provider (Agency/Entity) to be added to the system.
This agency is replacing a previous agency. Name of agency to be removed:
Add or Change Agency Administrator ∎Administrator name removed: _____ from role _____ from agency
Add or Change Primary Contact ∎Primary Contact name removed: _____ from role _____ from agency
Remove Agency Administrator or Primary Contact
Trainer changing roles or leaving agency
Add New/Re-certifying Trainer ∎ Re-certifying Trainer employed at agency: __ Yes __ No

Description	
Agency/Entity Name	
County	
Street Address	
City/ State/ Zip	
Program Type & Chapter	
License/ FEIN/NPI/MPI Number	

The Agency Administrators and Primary contacts have a role in reviewing trainers assigned to their agencies, paying for trainers, etc. Please keep these roles current. – Complete page 2

Enter Agency Administrators and Primary contacts here. Please note: If you have more than two (2) of each, they may not all be entered on the same day.

Please include your ticket number here: _____

Please print legibly so that your information is entered into the system accurately.

Role Information	
First Name and Last Name	
Chapter	
Email Address	
Primary Phone #	
Secondary Phone #	
Role: (Agency Admin, Primary Contact)	Primary Contact _____ Agency Administrator _____

Role Information	
First Name and Last Name	
Chapter	
Email Address	
Primary Phone #	
Secondary Phone #	
Role: (Agency Admin, Primary Contact)	Primary Contact _____ Agency Administrator _____

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Enter Agency Administrators and Primary contacts here. Please note: If you have more than two (2) of each, they may not all be entered on the same day.

Please include your ticket number here: _____

Please print legibly so that your information is entered into the system accurately.

Role Information	
First Name and Last Name	
Chapter	
Email Address	
Primary Phone #	
Secondary Phone #	
Role: (Agency Admin, Primary Contact)	Primary Contact _____ Agency Administrator _____

Role Information	
First Name and Last Name	
Chapter	
Email Address	
Primary Phone #	
Secondary Phone #	
Role: (Agency Admin, Primary Contact)	Primary Contact _____ Agency Administrator _____

List names of Agency Administrators, Primary Contacts, and Trainers to be removed or added from your agency.

- *If you have more than (5) five, all of them may not be completed on the same day.*
- *When a trainer is removed from the system, a new/backup trainer should be added to the classes that were created by the previous trainer.*

Names to be Removed from Agency

Name (First and Last)	Email Address	Remove from role only	Remove from role and agency

Names to be Added to Agency

Name (First and Last)	Email Address	New or Re-certifying Trainer	Date of hire

_____   _____   _____
Agency Administrator Name   **Agency Administrator E-mail Address**   **Agency Administrator Phone Number**

_____   _____
Signature of Person Who Completed this Form   **Date**   Revised: June 17, 2025