Medication Administration Training Program: Provider Role Designation/Verification Form Updated & Provider Administrator and Primary Contact Role and Responsibilities Document Updated

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To announce that an updated Provider Role Designation/Verification Form is now available. To announce that an updated Provider Administrator and Primary Contact Role and Responsibilities document is now available.

The Agency/Entity/Role Designation/Verification Form has been updated and is now renamed to the Provider Role Designation/Verification Form. Provider Administrators use this form to add/remove primary contact(s), update any changes to the Provider name, address, and contact information, and to add/remove trainers. Provider Administrators and Primary Contacts of the verified agency must have an account in the Medication Administration Training Program (medadmin.myodp.org).

Once the form is completed, **it must be signed by the Provider Administrator** and submitted through the Help Desk Portal (www.mahelpdesk.com). As a reminder, the form is also required to be uploaded into the MedAdmin system before a trainer candidate may begin the Train-the-Trainer (TtT) course (ODP Announcement 25-057).

The Help Desk will review the completed form and begin the process of verifying the Provider Setting's license with the State. Please note, for a Provider Setting to participate in the

Medication Administration Training Program, they must have a license with the State of Pennsylvania.

The Agency Administrator and Primary Contact Role and Responsibilities document has been renamed and updated to the Provider Administrator and Primary Contact Role and Responsibilities document. This document details the roles and responsibilities required for the Medication Administration Training Program for the Provider Administrator and Primary Contact. Please review this document before completing the Provider Role Designation/Verification Form.