



Division of Developmental Disabilities
Bureau of Clinical Services

Section 1

Request/Approval for RN Nurse- Trainer Status

Medication Administration Program Evaluation

Training Program
for
Authorized Non-licensed Direct Care Staff



REQUEST/APPROVAL FOR RN NURSE-TRAINER STATUS

Delegating Medication Administration Tasks

Requesting RN: _____ IL License #: _____

Agency/Facility: _____ City/Zip: _____

RN Home Address: _____ City/Zip: _____

Work Telephone #: _____ Email: _____

I verify that I do have do not have 2 years of clinical RN experience within the last 5 years.

Signature _____ Date _____

Instructions: Upon candidate's completion of the DHS-approved training program, check yes (Y) or no (N) for each item.

| RN COMPETENCIES | COMMENTS | | |
|---|----------|---|--|
| The RN has received knowledge of ----- | Y | N | |
| the legislation and guidelines in Rule 116 to train, authorize and delegate medication administration to non-licensed direct care staff; | | | |
| the educational components and an overview of the direct care staff training program, "RN Delegation of Medication Administration Tasks"; | | | |
| the RN role responsibilities, in addition to staff training, required to ethically and legally delegate and supervise medication administration to non-licensed personell, as stated in Rule 116. | | | |
| The RN is prepared to: | | | |
| articulate the limited amendments to Nurse Practice Act allowing delegation of medication administration to specific non-licensed direct care staff in very defined settings; | | | |
| execute the direct care staff training program; & | | | |
| perform the ethically and legally designated professional duties requisite to delegating medication administration to authorized non-licensed direct care staff. | | | |

DHS Master Nurse Trainer _____ Date _____

Statewide Nursing Coordinator _____ Date _____



PROGRAM EVALUATION - RN NURSE-TRAINER TRAINING PROGRAM PRESENTED BY: DHS MASTER NURSE TRAINER

DELEGATING MEDICATION ADMINISTRATION TASKS

Instructions: Please rate the following items: "Y" for yes, the program met the objective or statement; or "N" for no, the program did not meet the objective or statement. Thank you for your comments.

DATE: _____ LOCATION: _____

| During this presentation, the Master Nurse Trainer clearly identified and communicated the following to me: | Y | N | Comments: |
|---|---|---|-----------|
| <i>the legislation and guidelines to train, authorize and delegate medication administration to non-licensed direct care staff;</i> | | | |
| <i>the educational components of the direct care staff training program; and</i> | | | |
| <i>the RN role responsibilities, in addition to staff training, required to legally delegate medication administration to non-licensed personnel.</i> | | | |
| As a result of attending this training I can: | | | |
| <i>articulate the limited amendments to nursing practice allowing delegation of medication to specific non-licensed direct care staff in defined settings;</i> | | | |
| <i>execute the direct care staff training program; &</i> | | | |
| <i>perform the legally designated professional duties requisite to delegating medication administration by non-licensed direct care staff.</i> | | | |
| The following factors facilitated my learning experience: | | | |
| <i>the visual aids by the presenter(s):</i> | | | |
| <i>the participant guide given to me (a copy of Administrative Rule 116, Administration of Medication in Community Settings and Hand outs outlining the objectives and content of unlicensed direct care staff curriculum);</i> | | | |
| <i>the opportunity to have my questions answered by the presenter(s);</i> | | | |
| <i>the style of teaching used by the presenter(s);</i> | | | |
| <i>the environment of the classroom (ie temperature, ventilation, sound, spaciousness, seating, etc) & parking facilities.</i> | | | |