



REQUEST/APPROVAL FOR RN NURSE-TRAINER STATUS

Delegating Medication Administration Tasks

Requesting RN: _____ IL License Number: _____

Agency/Facility: _____ City/Zip: _____

RN Home Address: _____ City/Zip: _____

Work Telephone Number: _____ Email: _____

I verify that I do have do not have 1 year 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	
	Y	N
The RN has received knowledge of -----		
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 person ell, 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.		

IDHS Master Nurse Trainer's Printed Name and Signature _____ Date _____

Statewide Nursing Coordinator's Printed Name and Signature _____ Date _____