



agency for persons with disabilities
State of Florida

INSULIN ADMINISTRATION VALIDATION CERTIFICATE

<u>Name of Applicant to be validated:</u>		<u>Date of Insulin Administration Training:</u>	
<u>Insulin Administration Trainer's Name:</u>		<u>Trainer's Approval Number:</u>	
NOTE – Applicant must have taken the Basic Medication Administration Training and received Validation on a Primary Route of medication administration, at a minimum, before training and validating for Insulin Administration		<u>Date of Basic Medication Administration Training:</u>	
<u>Insulin Administration Validation Trainer's Name:</u>			<u>Initials:</u>
<u>Check license type:</u> <input type="checkbox"/> MD <input type="checkbox"/> ARNP <input type="checkbox"/> RN	<u>License number:</u>	<u>License expiration date:</u>	
<i><u>I hereby certify that the Applicant demonstrated 100% proficiency on Insulin Administration at the time skills were validated.</u></i>			
<u>Insulin Administration Validation Trainer's signature:</u>			← (Must sign)
<u>Insulin Administration Validation Date:</u>	<u>Insulin Administration Validation Effective Date:</u>	<u>Insulin Administration Validation Expiration Date (12 months from effective date):</u>	

<input type="checkbox"/> <u>Applicant has valid Insulin Administration Training certificate for training completed within last 180 days before initial validation</u> <input type="checkbox"/> <u>Demonstrates the ability to comprehend and follow insulin instructions on a physician's order and properly complete a MAR form</u> <input type="checkbox"/> <u>Demonstrates the ability to administer prescribed insulin by the subcutaneous administration route</u> <input type="checkbox"/> <u>Demonstrates the ability to write legibly and convey accurate information, and comply with medication administration record keeping requirements</u>	<input type="checkbox"/> <u>Demonstrates the ability to communicate in a manner that permits healthcare providers and emergency responders to adequately and quickly respond to emergencies</u> <input type="checkbox"/> <u>Demonstrates knowledge of the proper storage and handling of insulin</u> <input type="checkbox"/> <u>Demonstrates adequate training on the preparation of insulin dose, identification and preparation of appropriate administration sites, and proper disposal of insulin administration equipment to ensure safe administration of insulin</u>
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