

MANDATORY DISCLOSURE - SIGNATURE REQUIRED



QMAP Class Attendee Mandatory Disclosure and Acknowledgment Statements

In accordance with

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 24

MEDICATION ADMINISTRATION REGULATIONS

6 CCR 1011-1 Chapter 24

The statutory authority for the promulgation of these rules is set forth in sections 25-1.5-103 8 and 25-1.5-301, et seq., C.R.S.

I, _____, present myself today with a positive government issued photo ID for attendance of training and testing for the status of a Qualified Medication Administration Person (QMAP), and make the following declarations and acknowledgments:

1. I declare that I am at least 18 years of age
2. I declare that I have never had a professional license to practice Nursing, Medicine, or Pharmacy revoked in Colorado or any other State for reasons directly related to the administration of medication.
3. I acknowledge that in order to attend this class, I must have the English literacy level of about 6th grade school level for reading, listening to, understanding, and writing English and basic math skills of about 5th grade school level in order to successfully prepare for testing.
4. I acknowledge that the Operator of any Facility or Authorized residential setting that hires or contracts me for duties that include QMAP services must provide On-the-Job training, assuring my competencies for medication administration within the responsibilities of a person with QMAP level training BEFORE I begin administering medications.
5. I acknowledge that affirming the above statements and taking this training does not equate to any promises, guarantees, real or implied passing the testing requirements or being hired in the capacity of a QMAP

STUDENT NAME (PRINT): _____ DOB: _____

CONTACT ADDRESS: _____

E-MAIL for Course Info _____

I DECLARE THE INFORMATION AND AFFIRMATIONS/DECLARATIONS ARE TRUE UNDER PENALTY OF PERJURY

Please Enter last four Social Security Numbers (ex: 0000) for CDPHE registry use only.

QMAP ID : _____

Student Signature _____ **DATE** _____