

## Skills Demonstration Form

Student Name: \_\_\_\_\_  
Print

With the information provided below, I am confirming that I have completed the required education for Medication Monitoring and Administration through Learnworlds Platform.

- Introduction to Medications
- Medication Administration
- Medication Documentation
- Medication Safety

Student Initial:

\_\_\_\_\_ I have successfully completed the Basic Medications Test

\_\_\_\_\_ I have successfully completed the Skills Demonstration/Transcribing Practice Sheet and reviewed it with my Trainer.

\_\_\_\_\_ I have provided the Certification of Completion to Trainer.

\_\_\_\_\_ I agree to ensure the protocols that were demonstrated to me, and will implement them without variation.

\_\_\_\_\_ I understand that I am responsible for ensuring that I follow the protocols during all medication passes to the consumers that I serve.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Trainer Review of the Student:

☐ I attest that the Student appears to be competent at this time.

☐ I attest that the Student needs to repeat Basic Medications Test and Skills Demonstration.

\_\_\_\_\_  
Trainer Name Print

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date