

# MEDICATION ADMINISTRATION

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## A MANUAL FOR SCHOOL PERSONNEL

Updated 8/2018



**Credits**

To the School Nurse Advisory Group (SNAG) for their expertise in reviewing and finalizing this protocol and helping keep it updated.

To the numerous nurses in the field that request and expect the most up-to-date, best practice tools to most efficiently provide for the health and safety of students across the state of Oregon.

**Note to Trainers**

*Reference specifics from the local school district JHCD and JHCD-AR policies.*

*Use your district medication forms (medication administration, self-medication agreement, and medication incident form) when discussing documentation procedures.*

*It is up to the Trainer to assess competency before issuing a certificate of completion. Consider creating a quiz to assess participants' competency following training. Hands-on demonstration may be appropriate for staff that administer medications regularly.*

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## INTRODUCTION

This training manual provides the information necessary for school personnel to safely administer medications to students attending Oregon schools. It is important for school personnel to be aware of the laws and rules that pertain to medication administration in the school setting so they can intervene when necessary. This manual should be used in conjunction with the PowerPoint available on the ODE website.

This training manual covers medications that are most frequently administered in Oregon schools. This training does not cover nebulizer treatments, rectal medications, or injectable medications. Check with your school nurse for more in-depth trainings regarding medications given by these routes.

The goal of ORS 339.866-339.874 and OAR 581-021-0037 is to provide a process for students to receive medications in school that are necessary during school hours and that keep students in school when they would otherwise miss valuable class time for minor illnesses or chronic conditions.

***The only protection for the school district and school personnel is to observe the regulations of the medication law and follow district policy.***

## LEGAL BACKGROUND

**ORS 339.866-339.874** pertain to the administration of medication to students by designated school personnel and student self-medication. In summary, the following points are addressed:

- Specifies that school districts must adopt policies and procedures for:
  - Administration of medication to students by trained school personnel
  - A process to designate, train and supervise appropriate staff that takes into account when a student is:
    - In school;
    - At a school sponsored activity;
    - Under the supervision of school personnel;
    - In transit to or from school or school-sponsored activities; and
    - For students with severe allergies and adrenal insufficiency, before-school or after-school care programs on school-owned property.
  - Student self-medication
    - For students with severe allergies and asthma, district policy must

address before-school and after-school programs on school-owned property.

- Designated school personnel are required to receive training which meets the guidelines established by the Department of Education (ODE) for medication administration.
- School districts may not require school personnel who have not received training to administer medications to students.
- Specifies that the law only covers non-injectable medication, with the exception of (separate trainings):
  - Auto-injectable epinephrine for the treatment of life-threatening anaphylaxis
  - Glucagon for the treatment of severe hypoglycemia
  - Injectable medication for the treatment of an adrenal crisis
    - ❖ *The Medication Administration training or Required TAE Addendum is a prerequisite for the above separate trainings for injectable medications*

The Oregon Administrative Rules (OAR 581-021-0037) defines:

- Who can write a prescription for medications administered in school
- 'Prescription' vs. 'non-prescription'
- Training requirements
- Parent and prescriber instructions
- School district policy requirements
- Special requirements for the administration of alternative modalities in the school setting
- Age of consent

## DESIGNATED SCHOOL PERSONNEL

- District policy will determine how school employees will be chosen to be assigned the task of administering medication to students. It is considered best-practice for one person to be assigned to routinely administer medication to provide safety and consistency. Backup staff must be assigned to cover staff absences and workload issues.
- Procedures must be developed for handling medications during field trips and other events that occur outside the usual school setting.

## QUALIFIED TRAINERS

Oregon law recognizes the following as qualified trainers of this training protocol:

- A person who is familiar with the delivery of health services in a school setting and who is:
  - A registered nurse licensed by the Oregon State Board of Nursing
  - A doctor of medicine or osteopathy or a physician's assistant licensed to practice by the Board of Medical Examiners for the State of Oregon
  - A pharmacist licensed by the Board of Pharmacy for the State of Oregon

## TRAINING

"Training" means yearly instruction provided by a qualified trainer to designated school personnel on the administration of medications, based on requirements approved by ODE, including discussion of applicable district policies, procedures and materials.

The first annual training for designated personnel and every third annual training thereafter must be provided in-person. During the intervening years, designated personnel may complete an online training that meets the guidelines established by ODE as long as a qualified trainer is available within a reasonable time following the training to answer questions and provide any clarification necessary.

## MEDICATIONS IN THE SCHOOL SETTING

MEDICATION: any drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally but not injected except for premeasured doses of epinephrine for a severe allergic reaction, medication to treat adrenal insufficiency, and glucagon to treat severe hypoglycemia.

### 1) NONPRESCRIPTION MEDICATION

- a) Defined: medication that under Federal law does not require a prescription from a prescriber.
- b) Should only be given at school when NECESSARY FOR THE STUDENT TO REMAIN IN SCHOOL.
- c) Must be brought to school in the original container or packaging by the parent/guardian or student (if self-consenting per Oregon law).
- d) School personnel must be sure that the following parameters are in place prior to administering nonprescription medications to students:
  - i) A written, signed permission form which includes name of student, name

- of medication, route, dosage, frequency of administration, reason for use, and any special instructions (i.e. crush pills, etc.)
- ii) If the written instruction is not consistent with the manufacturer's guidelines for the nonprescription medication, a written order from a prescriber allowing the inconsistent administration is required.
  - iii) For nonprescription medication that is not approved by the FDA as a medication (i.e. melatonin, Lactaid), a written order from the student's prescriber that includes the name of the student, name of the medication, dosage, method of administration, frequency of administration, any other special instructions, the reason why the substance is necessary for the student to remain in school, and the signature of the prescriber will be required.
  - iv) Parent consent is required except where a student is allowed to access medical care without parent consent per Oregon law.
    - (1) Age 15 for any medical or dental care - ORS 109.640
    - (2) Age 14 for mental health care – ORS 109.675
    - (3) Any age for birth control information or services or sexually transmitted infection testing and treatment – ORS 109.610

## 2) PRESCRIPTION MEDICATION

- a) Defined: any medication that under Federal law requires a prescription from a prescriber.
- b) Must be given under the direction of one of the following prescribers (licensed to practice in the state of Oregon):
  - i) Physician (MD/DO)
  - ii) Physician assistant
  - iii) Dentist
  - iv) Advanced Practice Registered Nurse with prescriptive authority
  - v) Optometrist
  - vi) Naturopathic Physician
  - vii) Pharmacist
- c) Must be brought to school in the original prescription packaging by the parent/guardian or student (if self-consenting per Oregon law).
- d) Must be prepared and labeled by a registered U.S. pharmacist, under the direction of one of the prescribers listed above.
- e) Should be administered at school ONLY if its prescribed frequency or schedule requires it to be given while in school, at a school sponsored activity, while under the supervision of school personnel, or in transit to or from school or school-sponsored activities.
- f) To administer prescription medication, school personnel must have the following:
  - i) A written request from the student's parent/guardian which includes signed

permission for school staff to give the medication. Written instruction includes:

- (1) Name of student
  - (2) Name of medication
  - (3) Method (by mouth, etc.)
  - (4) Dosage
  - (5) Frequency - how often it is to be given
- ii) Prescriber's order – (pharmacy label on the bottle counts if it includes all of the above)
    - (1) NOTE: Medication form and prescriber order must be consistent
  - iii) Parental consent is required except where a student is allowed to access medical care without parental consent per Oregon law.
    - (1) Age 15 for any medical or dental care - ORS 109.640
    - (2) Age 14 for mental health care – ORS 109.675
    - (3) Any age for birth control information or services or sexually transmitted infection testing and treatment – ORS 109.610

### 3) STUDENT SELF-ADMINISTRATION

- a) Self-administration means that a student must be able to take their own medication at school without requiring assistance from trained school personnel.
- b) When students self-administer, school personnel are not required to document the medication administration.
- c) A student is allowed to self-administer non-prescription medications when they are able to demonstrate the ability, developmentally and behaviorally, to self-medicate and has permission to self-medicate from a school building administrator.
- d) A student is allowed to self-administer prescription medications when they are able to demonstrate the ability, developmentally and behaviorally, to self-administer medication and have permission to self-administer from a school building administrator, and a prescriber or registered nurse practicing in the school setting.
- e) Parental consent is required except where a student is allowed to access medical care without parental consent per Oregon law.
  - i) Age 15 for any medical or dental care - ORS 109.640
  - ii) Age 14 for mental health care – ORS 109.675
  - iii) Any age for birth control information or services or sexually transmitted infection testing and treatment – ORS 109.610



# ADMINISTERING MEDICATIONS

Before giving any medication to a student, always follow the "6 RIGHTS"

## 1) RIGHT STUDENT

- Ask the student their name, even if you believe you know them.
- If it is possible, place a picture of the student on that student's medication administration record (MAR).
- If you are unsure as to the identity of the student, DO NOT GIVE the medication. Consult with your school administrator or school nurse for direction.
- Confirm that you have the RIGHT student by comparing the stated name with the name on the bottle and the MAR.

## 2) RIGHT MEDICATION

- Compare the name of the medication on the bottle to the written instructions listed on the MAR.

## 3) RIGHT DOSE

- Compare the medication dosage on the bottle with the medication dosage on the MAR.
- Be sure to give the exact amount of the medication.
- If the parent requests an amount in conflict with the label directions, do NOT administer the medication. Consult with the school nurse or building administrator.

## 4) RIGHT TIME

- Check the MAR for the time when the medication should be given.
- Giving the medication 30 minutes before or after the scheduled time is within acceptable limits. Medication given more than 30 minutes before or after the scheduled time is considered a medication error.

## 5) RIGHT METHOD

- Be sure to check how the medication is to be given (i.e. by mouth, on the skin, etc.). Always check the parent/prescriber instructions as well as the medication label and your MAR.

## 6) RIGHT DOCUMENTATION

- Document medication administration according to district procedure.
- Document variation in medication administration according to district procedure.

## HANDLING MEDICATION

- 1) Water-the student will need water to swallow oral medications.
  - a) Do not use water from a sink where first aid is provided
  - b) Get a container of clean water from another source if necessary.
- 2) Hand washing – wash your hands before you give any medications to a student
- 3) Avoid touching medications
  - a) Pour medication into a medicine cup, the lid of the bottle, or a paper cup
  - b) Have the student pick up their own medication and put it in their own mouth
  - c) If you need to assist students who cannot pick up their own pills;
    - i) Wear disposable gloves
    - ii) Do not use your fingers to place medication into mouth if student is known to have a history of biting.
- 4) Cutting or crushing tablets
  - a) Tablets that need to be cut must be sent to school already cut.
  - b) Some tablets may need to be crushed if students cannot swallow them easily. The prescriber or parent/guardian should notify you of this need.
    - i) The parent/guardian is responsible for providing a pill crusher.
    - ii) Pour all crushed medication onto soft food or into liquid for the student to take.
  - c) Be sure to wash and dry pill crushers thoroughly after each use, so that no medication is left in/on them.
  - d) Store pill crusher in a clean, safe area.
  - e) Tablets should NOT be cut or crushed if directions on label caution against doing this.
- 5) Measuring liquid medication
  - a) Liquid medication needs to be measured accurately.
  - b) Use only medicine cups which are calibrated, or a special spoon or syringe for this purpose.
    - i) Direct the parent/guardian to provide the equipment required for administering liquid medication.
    - ii) HOUSEHOLD UTENSILS SUCH AS TEASPOONS ARE NOT ACCURATE FOR MEDICATION MEASUREMENTS.
  - c) When you use a medicine cup, place it on a flat surface and read it at eye level.
  - d) Always pour liquids from the side of the bottle opposite the label so that the label stays clean and readable.
  - e) Clean any medication off the outside of the bottle after pouring by rinsing and wiping with a clean paper towel.
  - f) Be sure the student takes all the medication.

# COMMON FORMS AND ROUTES OF MEDICINES

- 1) ORAL MEDICATIONS (includes solid forms such as tablets, and liquid forms such as syrups.
  - a) TABLETS come in various forms
    - i) Chewable tablets are meant to be chewed completely before swallowing (these will be labeled 'chewable')
    - ii) Regular tablets are meant to be swallowed whole, and some may be scored for cutting.
    - iii) Dissolvable tablets – dissolve on tongue as directed
  - b) CAPSULES are coated, and designed to be swallowed whole.
    - i) Some capsules are designed to be broken apart and sprinkled onto soft food, such as applesauce. When a capsule is supposed to be 'sprinkled', the directions on the prescription label will say this specifically.
  - c) SYRUPS and ELIXIRS are clear liquids
  - d) SUSPENSIONS are liquids which are not clear, because they contain medication that does not dissolve completely in the liquid
    - i) Suspensions may need to be refrigerated
    - ii) Suspensions may separate when stored. If this is so, you will see this noted on the prescription label. Shake the bottle for at least 5 seconds, if instructed.
  - e) Have the student take a drink of water after taking oral medication.
  
- 2) TOPICAL MEDICATIONS (includes medications applied to the outside of the body, such as eye drops, ear drops, and any ointments or creams applied to the skin)
  - a) Always wear gloves when assisting a student with topical medications
  - b) Medication may be ordered on one side (right ear, left eye). Pay careful attention to these orders and remember that it is the student's right or left side.
  - c) EYE DROPS/OINTMENTS
    - i) Wash hands before using eye drops. Some eye drops will need to be refrigerated (this will be on the label).
      - (1) You can warm the drops by rolling the bottle between the palms of your hands
    - ii) Read the label to see if the eye drops need to be shaken
    - iii) Have student lie on his/her back, or sit with head tilted back.
    - iv) Put on disposable gloves and have the student close their eyes.
      - (1) Caution student to hold very still
    - v) While asking the student to look up, open the eyelid gently, pulling down on

lower lid.

(1) A 'pocket' should form, exposing the inner side of the lower lid.

vi) Use extreme caution not to touch the eye with the tip of the bottle/tube, as this could cause injury or infection to the eye

vii) Gently squeeze bottle or tube to drop medication into 'pocket'.

viii) The student will want to 'blink' after drops/ointment is applied

(1) Allow student to close eye, but caution against squeezing eye, continued blinking, or rubbing the eye.

d) EAR DROPS/OINTMENTS

i) Have student lie down on a cot with the affected ear facing up, or sit in a chair with the head tilted to the side

ii) Gently grasp the top of the outer ear and pull ear up and back

iii) Without touching the tip of the bottle/tube to skin, drop the medication on the inside of the ear canal.

iv) Have the student wait for about a minute, then repeat the procedure with the other ear if prescribed.

v) Special instructions may include the use of a cotton ball to be loosely placed in the ear canal after putting in the ear drops.

e) OINTMENTS/CREAMS

i) Tongue blades, cotton swabs, or gauze can be used as an applicator for ointments and creams

ii) If directed to do so, apply gauze to the area after applying the ointment or cream. Do not remove your gloves until after the gauze is in place.

iii) Follow OSHA guidelines for disposing of items contaminated with body fluids, when discarding your gloves/tongue blade, etc.

3) INHALED MEDICATION

a) Inhaled medication is given through the nose or mouth using spray bottles or 'pump type' inhalers

b) Nasal Sprays – **\*your school nurse will provide more in-depth training regarding intranasal Versed for seizures, if applicable\***

i) When assisting with nasal sprays, direct student to hold one nostril shut, insert tip of spray bottle in the open nostril

ii) Squeeze the bottle as the student breathes in through his nose, then repeat with the other nostril

iii) The label may direct you to have the student rinse his/her mouth following administration

iv) Allow student to wipe his nose with tissue, but caution him against 'blowing nose' immediately after use

v) Some nose sprays used for allergies may cause slight nasal bleeding after

- extended use – notify parent/guardian if this happens
- c) Metered dose inhalers (MDI)
    - i) These deliver a fine mist of medication to the lungs, and some students use a spacer or holding chamber to make sure the medication gets to the lungs.
    - ii) Follow manufacturer's direction for priming and washing canisters
    - iii) USING THE INHALER
      - (1) Remove the cap from the canister, shake well
      - (2) Place spacer on canister mouthpiece (if provided)
      - (3) Instruct student to blow out a deep breath
      - (4) Student should immediately place mouth around opening, press down once on the canister and breathe deep
      - (5) Direct student to hold his breath for a count of 10 seconds
      - (6) Follow this process for a second 'puff' if prescribed. Wait for at least 1 minute in between puffs.
  - d) Nebulizers - **\*your school nurse will provide more in-depth training regarding nebulizers for asthma or illness management, if applicable\***
  - e) Oxygen is considered a medication - **\*Your school nurse will provide more in-depth training regarding oxygen use, if applicable\***
- 4) RECTAL MEDICATION - **\*your school nurse will provide more in-depth training regarding rectal Diastat for seizures, if applicable\***

## SAFE STORAGE AND MONITORING SUPPLIES OF MEDICATION

- 1) Store all medication in its original container
  - a) Parent, guardian or designated adult must always bring medication to school in original labeled containers. Check expiration date. Do not give if expired.
    - i) The student is allowed to transport medication that is legally taken without parental consent.
  - b) Prescription medication must always be the most current prescription and kept in the original, labeled container
  - c) Nonprescription medication should be kept in original, labeled bottle or box (only persons authorized by the board of pharmacy may dispense, repackage or label medications)
  - d) NEVER administer medication sent to school in unlabeled containers. To do so would be a violation of law and policy and jeopardizes student safety.
  - e) NEVER repackage medication into a plastic bag or other container for any

reason.

- 2) Medication should always be stored in a clean, locked cabinet or box in a secure area.
- 3) MEDICATIONS THAT REQUIRE COUNTING: Medication in any form categorized as a sedative, stimulant, anti-convulsive, narcotic analgesic, or psychotropic medication will be counted by designated school personnel or parent in the presence of another staff member when received at school.
  - a) Consult with your school nurse or dispensing pharmacy if you are unsure a particular prescription is classified in one of these categories.
  - b) The number of capsules or tablets received shall be documented on the student's MAR and initialed by the two individuals who counted or witnessed the procedure.
  - c) Any discrepancies should be reported to the school nurse or building administrator and parent/guardian immediately.
    - ***Medication in this category has the potential for abuse; careful monitoring, storage and documentation is required.***
- 4) Medication which requires refrigeration may be kept in a refrigerator used only for medication, or in a locked box in a refrigerator.
  - a) The refrigerator temperature should be maintained between 36-46° F to ensure the medication's viability.
- 5) It is the parent/guardian's responsibility to inform the school IN WRITING if any changes are made to medication instructions. This includes written instruction from parent/guardian and prescribers. **Do not act on verbal requests to change medication dose or frequency.** A new pharmacy label needs to be provided to the school, if applicable.
- 6) Designated school personnel will be responsible for monitoring all medication supplies and for ensuring medications are secure at all times.
- 7) When medication supply is low, or inadequate dosage available to administer the medication, the designated school personnel will notify the parent/guardian immediately.
- 8) Your district must have a procedure on how to handle medications which are no longer being given (end of school year, medication changed by doctor, etc.) Many districts direct the parents to pick up the remaining medication following the course of treatment or at the end of the school year. Disposal of all medication should be done in the presence of another school personnel following DEQ guidelines and documented on the student's MAR. Medication should never be flushed down the toilet or drain.

## DOCUMENTATION AND RECORD-KEEPING

- 1) Documentation is required when medication is administered at school.
- 2) A medication administration record (MAR) must be kept for each student receiving medication. The MAR can be in paper or electronic form.
- 3) Document in blue or black ink. Never use pencil. Never use white-out. Document immediately after you administer a medication to a student.
  - a) If you make a documentation mistake, cross through and mark "ME" ("mistaken entry"), and initial the error.
- 4) Carefully transcribe (copy) information from permission form/prescriber order to your district charting system (paper or electronic). The MAR must include: full name of student, date of birth (DOB), name of medication, dose, method of administration, and frequency of administration.
- 5) Confidentiality
  - a) All records relating to administration of medicines, including permission slips and written instructions, are part of the education record. All records will be retained in accordance with the Oregon Administrative Rule's. (until the student reaches age 21 or graduates, whichever is longer)
  - b) Student health records must be kept confidential. Access shall be limited to those designated school personnel authorized to administer medication to students and the parent/guardian. Information may be shared with school personnel with a legitimate educational interest, or others authorized by the parent/guardian in writing.
  - c) Retaining medication records at the end of the school year will be done as follows:
    - i) When medication is administered as part of an IEP goal, the MAR should be maintained in the IEP record.
    - ii) All other MARs should be with the student's education record according to district policies regarding confidential medical records in accordance with Federal and Oregon law.

## HANDLING UNEXPECTED SITUATIONS

- 1) Student does not come for the medication at the scheduled time:
  - a) Send for the student immediately. Remember that medication must be given 30 minutes before or after the scheduled time.
  - b) If the medication cannot be administered, notify school nurse or building administrator, and contact the parent/guardian. Carefully document the circumstances, including your actions, on the MAR.

- 2) Student refuses the medication:
  - a) Encourage student to take the medication without coercion.
  - b) Document on the MAR and contact the parent/guardian and the school nurse or building administrator.
- 3) Student vomits or spits out the medication:
  - a) Document this on the MAR. Do not repeat medication dose.
  - b) Notify the parent/guardian and school nurse or school administrator about the occurrence, including the time of vomiting.
  - c) Evaluate the student for illness per district policy.
- 4) Medication errors: (reporting them protects the student and the staff)
  - a) Report the following:
    - i) Medication not given
    - ii) Medication administered to wrong student
    - iii) Administering wrong medication or incorrect dose
    - iv) Administering medication at the wrong time (greater than 30 minutes before or after the prescribed time)
    - v) Giving a medication by the wrong method
  - b) Report errors immediately to the school nurse or building administrator, and parent/guardian via district procedure.
    - i) Action required as a result of the error may be directed by the prescriber, school nurse, parent/guardian, pharmacist or poison control
- 5) Side effects of medication:
  - a) **All** medication has the potential to cause side effects
  - b) Promptly report any unusual symptoms or behaviors to the school nurse or building administrator and parent/guardian as needed.
- 6) Serious allergic reactions to medications:
  - a) Most side effects are minor and usually not a cause for great concern. However, serious allergic reactions **can** occur at school.
    - i) Examples of reactions include: trouble breathing, rash/hives, itching
  - b) Procedures should be in place to call 9-1-1 AND a trained on-site staff member if a student exhibits symptoms of a severe allergic reaction.
    - i) The trained staff member should be the school nurse or a person trained to administer epinephrine
  - c) Severe allergic reactions may cause:
    - i) Absent pulse
    - ii) Absent breathing



## MEDICATION FOR FIELD TRIPS OR OFF-CAMPUS ACTIVITIES

- 1) The building principal must designate school personnel authorized to administer medications to students while participating in school sponsored activities on or off district property. The building principal will ensure building and activity practices and procedures are consistent with the requirements of the law.
  - a) School personnel trained in medication administration must be available to administer medications when medication is required by any students participating in off-campus activities.
  - b) The trained staff person assigned to administer the medication must carry medication in its original container.
  - c) The trained staff person must sign the medication out on the student's MAR.
  - d) When returning from the off-campus activity, the trained staff person must sign the medication in and document that the medication was administered.
  - e) School health personnel may want to request a three-day notice of upcoming trips so the school nurse/designated school personnel can prepare accordingly.

## STATEMENT OF COMPLETION FOR MEDICATION ADMINISTRATION TRAINING

Name of Designated School Personnel \_\_\_\_\_

The above person met the participation requirements of the Medication Administration training on the date indicated below. The indicated training is mandated by ORS 339.866-339.874 and OAR 581-021-0037 for those school personnel designated to administer medication in Oregon schools. The participant has passed a competency evaluation to the satisfaction of the qualified trainer.

The Medication Administration training is required annually for any school personnel who administers medication to students. The initial training and every third training thereafter must be provided in-person by a qualified trainer. During the intervening years, designated personnel may complete an online training option that meets the ODE established guidelines as long as a qualified trainer is available within a reasonable time following the training to answer questions and provide any clarification necessary.

This statement of completion is valid only for the person named above; it cannot be transferred.

\_\_\_\_\_

\_\_\_\_\_

**Trainer**

**Date**