

Section 4 – Application for Initial Certification (Category 1)

- ✓ **Category 1 (Oral/Topical/8 HRAs) is the ONLY “Initial” Certification**
- ✓ **Other certifications are “Add-ons” to the prerequisite Category 1**

Initial Certification – Cat 1

1. Locate Expired personnel or Create New
2. Enter or Update Personal Information
3. Enter or Update Employer Information
4. Choose and enter the session attended
5. Verify Skills
6. RN Attest to legal minimums
7. Summary/ Decision
8. Certification Issued by DODD

Topic 1 – Locate the personnel or Create a New Application



Topic 1 – Locate the personnel or Create a New Application

When a person has a Cat. 1 Certification expired more than 60 day “Initial Certification” will be available as a Desired Action

Certification History

Role	Category	Level	Status	Start Date	End Date	
DDPersonnel	Cat - I	3	Certified	5/2/2012	5/2/2013	Desired Action

Select Desired Action Below

[Initial Certification or Registration](#)
Choose this if current certification status is expired.
(To inquire about Revocation,Suspention,Voluntary Withdrawal,Revocation contcat DODD medication administration).

Add-On
Choose this to add additional certifications, registrations or categories of training to an existing current certification.

Renewal
Choose this to renew current certification.

Update Profile
Choose this to Add new employer,Name change,Change/Add supervisor,New work location.

[Add/Update/View Notations](#)
Choose this to add,update or view notations for certified person.

[Update Personal Contact Information](#)
Choose this to update personal contact information for certified person.

When you choose “Create New Application” on the search results page

Certification Type	Application Type	Requirements
DDPersonnel	Initial	18 years old, HS Diploma or GED, Not listed on Registries, Criminal Background Check, Minimum 14 hours State Approved Curriculum, Successful Skills Demonstration, 80% on Exam

Choose any one of the Following

Initial Certification or Registration

Initial Certification or Registration

- RN TRAINER
- QA RN (no existing certification)
- 17 + BED
- DD PERSONNEL - CAT1 ONLY

Save and Continue

Your only functional option is a DD Personnel for Category 1

Then Save and Continue

Either Choice will take you to the same process

“New Application” or “Initial” from Desired Actions on existing DD Personnel will direct you to the process starting with the Personal Information page

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Pending	Pending	Pending	Pending	Pending	Pending	FINISH	NOTATION

Personal Information

Personal Information

Last 4 SSN: *

Date of Birth: *

Gender: * M F

Last Name: *

First Name: *

MI.:

Personal Contact Information

Each arrow represents a “page” that must be completed before the application can be finalized for DODD to issue a certification

LoginUser: Piper Chapman Name: RNLicense# or DDPersonnelCode: Application ID: 196

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Pending	Pending	Pending	Pending	Pending	Pending	FINISH	NOTATION

Personal Information

Click on the arrows to move from one page to another if you intend to leave a page as pending

LoginUser: Piper Chapman Name: RNLicense# or DDPersonnelCode: Application ID: 196

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Pending	Pending	Pending	Pending	Pending	Pending	FINISH	NOTATION

Personal Information

Be sure to **“SAVE” BEFORE LEAVING ANY PAGE** or you will **lose the data** you have entered

Topic 2 – Enter or Update Personal Information



For New Personnel you must enter Names, SS# and DOB before going on to other pages

Existing personnel get app. ID when you choose "Initial"

That starts a pending application with an application ID

LoginUser: Piper Chapman Name: RNLicense# or DDPersonnelCode: Application ID: 196

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Pending	Pending	Pending	Pending	Pending	Pending	FINISH	NOTATION

Personal Information

All Personal Information is ESSENTIAL and MUST be VERIFIED in MAIS ANNUALLY

Start Page	Information	Employer Information	Training & CEUs	Verification	Attestation	Summary/Decision	Certificate	Notation
Completed	Pending	Pending	Pending	Pending	Pending	Pending	FINISH	NOTATION

Personal Information

Personal Information

Last 4 SSN: * Date of Birth: * Gender: * M F

Last Name: * First Name: * MI.:

Personal Contact Information

Personal Contact Information

Home	Work	Cell/Other
Telephone Number: * <input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address: * <input type="text"/>	<input type="text"/>	<input type="text"/>

Personal Mailing Address

Personal Mailing Address

Address 1: * Address 2: City: *

State: * Zip: * - County: *

If you leave this page without Saving you will lose all unsaved information: Please Save or Save and continue.

All communications, certificates and expiration notices will be emailed to the certified person identified on this page. Certified persons must provide at least one valid email address. A home email address is preferred.

There is no mandate to update personal info other than at annual certification renewal

- ✓ Data MAY be updated at any time using the “Desired Action” menu options
- ✓ The personal e-mail needs to be an address **NOT** associated with **work** – where the person will **reliably receive** e-mail notifications from DODD regardless of current employer
- ✓ Mailing address is Personal NOT Work address

These DD Personnel are being provided with a STATE ISSUED CERTIFICATION giving authority to Administer Medications to persons with DD who cannot safely administer their own medications

- The certification belongs to the DD Personnel; it is their **personal** responsibility to use the authority correctly and to maintain their certification as current
- It is reasonable to expect that a state agency issuing such authority will have reliable personal contact information on persons with certifications

After completing information on Personal Page click “Save” or “Save and Continue”

Email Address:

Personal Mailing Address

Address 1:* Address 2:

City:*

State:* Zip:* -

County:*

If you leave this page without Saving you will lose all unsaved information: Please Save or Save and continue.

All communications, certificates and expiration notices will be emailed to the certified person identified on this page. Certified persons must provide at least one valid email address. A home email address is preferred.

- ✓ Use the save button frequently to avoid losing data due to power failure or other interruptions

When you click “save” you will be notified of any missing or incorrectly entered data

Completed Pending Pending Pending Pending Pending FINISH NOTATION

Please enter valid date of birth, Please enter a valid 4 digit year between 1800 and 9999

Personal Information

Personal Information

Last 4 SSN: * 6616 Date of Birth: * 10/24/53 Gender: * M F

Last Name: * Deeter First Name: * The MI.:

Personal Contact Information

Personal Contact Information

	Home	Work	Cell/Other
Telephone Number: *	800-555-1212	<input type="text"/>	<input type="text"/>
Email Address: *	deeter@me.com	<input type="text"/>	<input type="text"/>

Personal Mailing Address

Topic 3 – Employer Information



On the Employer page you will first choose a category of employment

LoginUser: Piper Chapman Name: Deeter, The RNLicense# or DDPersonnelCode: Application ID: 196

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Completed	Pending	Pending	Pending	Pending	Pending	FINISH	NOTATI

Current Employer Information

Employer Selection

DD PERSONNEL IS A DODD INDEPENDENT PROVIDER EMPLOYEE OF DODD AGENCY PROVIDER

ICF PROVIDER IS SELF EMPLOYED OTHER EMPLOYER

DODD Provider Information

DODD Provider#:

By the time this system goes live there will also be an ICF employer options

If there is no information from DODD on ICF Provider the fields will be fillable. If info from DODD agency data is not editable

After choosing Type and entering a provider # the provider name will appear for populating employer information

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Pri Certifica
Completed	Completed	Pending	Pending	Pending	Pending	Pending	FINIS

Current Employer Information

Employer Selection

DD PERSONNEL IS A DODD INDEPENDENT PROVIDER EMPLOYEE OF DODD AGENCY PROVIDER

RN IS SELF EMPLOYED OTHER EMPLOYER

DODD Provider Information

DODD Provider#: 3102261

Provider Name	CEO Name	Contract Number
Jewish Vocational Service	Peter Bloch	3102261

Enter provider # then "Search" button

Clicking on the provider name will auto populate employer information from DODD's Provider Certification Wizard data (PCW)

Information from PCW is not editable by MAIS

DODD Provider Information
DODD Provider#: 3102261

Provider Name	CEO Name	Contract Number
Jewish Vocational Service	Peter Bloch	3102261

Agency Information
Name: * Jewish Vocational Se Provider#: 3102261
Certification StartDate: 2/5/2003 Certification EndDate: 9/1/2013 Provider Status: Active
Employment StartDate: * Employment EndDate: *
CEO LastName: * Bloch CEO FirstName: * Peter CEO MI: *
(Not Delegating Nurse)

Agency Address
 Check if agency address is different from personal mailing address
Address 1: * 4300 ROSSPLAIN RD Address 2: * City: * CINCINNATI
State: * OH Zip: * 45236 County: * HAMILTON
Phone Number: * 5139850515 Email Address: * funding@jvscinti.org

Supervisor
Supervisor LastName: * Supervisor FirstName: *

Employee hire date will need added

If an ICF information is not in PCW the information will be editable in MAIS – until PCW is current with ICF data

Supervisor Information is about who is DIRECTLY Supervising that DD Personnel on behalf of the employer

Supervisor start date is the date the supervisor began the responsibility for that DD Personnel's supervision

Supervisor			
Supervisor LastName: *	<input type="text"/>	Supervisor FirstName: *	<input type="text"/>
Supervisor Phone Number: *	<input type="text"/>	Supervisor Email Address: *	<input type="text"/>
Supervisor Start Date: *	<input type="text"/>	Supervisor End Date:	<input type="text"/>

Work location is the primary site where personnel administers medications

Work Location Address

Check if same as agency address

Address 1:* Address 2: City:*

State:* Zip:* - County:*

Phone Number:* Email Address:*

Work Location Start Date: * Work Location End Date:

Do not use individual service recipient's private phone or e-mail that they pay for – use only agency or provider contact information here

Employer, Supervisor and location will all be considered current until an END DATE is added

The image shows a screenshot of a web form with several input fields. Three red arrows point to specific fields: 'Employment EndDate', 'Supervisor End Date', and 'Work Location End Date'. The form contains the following fields and values:

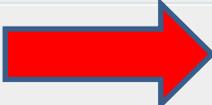
- Employment EndDate:
- CEO FirstName: * Peter
- CEO MI:
- Agency address is different from personal mailing address
- Address 2:
- City: * CINCINNATI
- Zip: * 45236 -
- County: * HAMILTON
- Mail Address: * funding@jvscinti.org
- Supervisor FirstName: *
- Supervisor Email Address: *
- Supervisor End Date:
- Check if same as agency address
- Address 2:
- City: *
- Zip: * -
- County: * --- County Selection ---
- Mail Address: *
- Work Location End Date:

Choose “save” at any time to secure the data

State: * OH | Zip: * 55555 | County: * ATHENS

Phone Number: * 800-555-1212 | Email Address: * localsite@agency.com

Work Location Start Date: * 08/01/2003 | Work Location End Date:

 Save Add Additional Employers

Previous Continue

***If data is incomplete the “save” action will create an alert about what information is missing

Completed Completed Pending Pending Pending Pending Pending FINIS

Current Employer Information

Please enter the employment start date 

Employer Selection

DD PERSONNEL IS A DODD INDEPENDENT PROVIDER EMPLOYEE OF DODD AGENCY PROVIDER

After Employer information is complete and saved a new employer can be added

Recently Added Employer Information

Employer Name	CEO First Name	CEO Last Name	Supervisor First Name	Supervisor Last Name	Provider Contract Number	Employer ID	Supervisor End Date	Work Location End Date			Identity Of Employer	
Jewish Vocational Service	Peter	Bloch	Kering	Person	3102261	116	12/31/9999	12/31/9999	Add Supervisor	Add WorkLocation	3102261	Delete

Save Add Additional Employers

Previous Continue

When finished adding employers continue to the next page

Topic 4 – Choose and enter the Session



After employer page is Session Information

Certification & Registration Reports Other Pages

LoginUser: Piper Chapman Name: Deeter,The RNLICENSE# or DDPERSONNELCODE: Application ID: 196

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Completed	Completed	Pending	Pending	Pending	Pending	FINISH	NOTATION

Training And CEU's

This application does not have any courses assigned.
[Add Session to Application](#)

Previous Continue

Choosing "Add Session" will bring up sessions held by the RN 90 days before or 90 after today's date

The RN or Secretary chooses the correct session – “add session”

Secretarial non-nurses can only add sessions of nurses that they have be “associated” to in MAIS

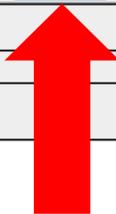
LoginUser: Piper Chapman Name: Deeter,The RNLICENSE# or DDPERSONNELCODE: Application ID: 196

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Completed	Completed	Pending	Pending	Pending	Pending	FINISH	NOTATION

Training And CEU's

List of RN's session allowed for this Secretary.

	Session ID	RN Name	Course #	Course Description	Session Start Date	Total CEs	Location
Add Session	39	piper chapman	DODD-555555-3-01-34	testing	08/22/2013	14	Name of Busines or Home



Topic 5 – Skills Verification



For Initial Certifications there will be one button that validates all skills required by curriculum for Cat 1 Initial were verified

LoginUser: Piper Chapman Name: Deeter,The RNLicense# or DDPersonnelCode: Application ID: 196

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Completed	Completed	Completed	Pending	Pending	Pending	FINISH	NOTATION

Skill Verification (DD Personnel Only)
Initial & Renewal Application

Date	Name of person Verifying Skills	Title	Certification Category
			Cat - I

Skills Verified	Skill Check list
-- Select Skill -- -- Select Skill -- General Medication Administration, Regardless of Route Oral Medications Emergency Situations Eye, Ear, Nose Medications Topical Medications Health-Related Activities	<input type="button" value="Cancel"/> <input type="button" value="Add Skill"/>

After Initial Cat 1 Skills have been added click "continue"

All skills are required in Cat 1 Initial - renewal will include only the skills actually verified at renewal

08/25/2013	RN Trainer	Piper Chapman	Cat - I	Emergency Situations	Diastat	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Emergency Situations	Glucagon	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Eye, Ear, Nose Medications	Eye Medications	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Eye, Ear, Nose Medications	Ear Medications	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Eye, Ear, Nose Medications	Nose Medications	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Eye, Ear, Nose Medications	Administering Inhalers	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Eye, Ear, Nose Medications	Nebulizer Treatment	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Topical Medications	Topical Medications	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Topical Medications	Rectal Suppositories	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Topical Medications	Vaginal Medications	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	General Medication Administration, Regardless of Route	None	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Oral Medications	None	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Health-Related Activities	Vital Signs	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Health-Related Activities	Application of Clean Dressing	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Health-Related Activities	Measuring of Bodily Intake and Output	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Health-Related Activities	Oral Suctioning	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Health-Related Activities	Using a Glucometer for Blood Sugar Monitoring	Remove
08/25/2013	RN Trainer	Piper Chapman	Cat - I	Health-Related Activities	External Care of Urinary	Remove

This will be very important data over time for personnel, employers and DODD to see what DD Personnel are getting trained on annually and on-going

Topic 6 - Attestation



On the Attestation Page the RN must validate the requirements for Training have been completed

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Completed	Completed	Completed	Completed	Pending	Pending	FINISH	NOTATION

Attestations

Question 1
Applicant mailing address, contact and employer information has been updated as needed.
 Yes No
Please select Yes or No for the question.

Question 2
RN Trainer has validated DD personnel current employment with an active certified DODD provider and background checks complete (per OAC 5123:2-2-02) or self-employment as an active current certified DODD Independent Provider.
 Yes No
Please select Yes or No for the question.

Question 3
Applicant is at least 18 years of age.
 Yes No
Please select Yes or No for the question.

Question 4
Applicant has a high school diploma or GED.
 Yes No
Please select Yes or No for the question.

Question 5
Applicant has completed a program evaluation.
 Yes No
Please select Yes or No for the question.

All RNs must read the statements below, and sign their initials

In accordance with Executive Order 2011-03K, Vendor or Grantee, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2011-03K, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Executive Order 2011-03K is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

A copy of Executive Order 2011-03K can be found at:
<http://www.governor.ohio.gov/Portals/0/pdf/executiveOrders/EO2011-03.pdf>

Whoever knowingly and willfully makes or causes to be made a false statement or representation on this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or

RN Trainers have legal and ethical responsibility to properly train and register personnel in MAIS for DODD to issue certifications

Topic 7 - Summary / Decision Page



The Summary Page allows the nurse to **proof**, change and print all the information submitted as part of the application for certification



Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate
Completed	Completed	Completed	Completed	Completed	Completed	Pending	FINISH

Summary Page

Personal Information

Personal Information

First Name: The Last Name: Deeter Middle Name:
Last4SSN: 6616 DOB: 10/24/1953 Gender: M F
Address Line 1: 1 Way Address Line 2:
State: OH Zip: 11111 City: Coolville County: ATHENS COL

Contact Information

Personal Contact Information

	Home	Work	Cell/Other
Telephone Number:	800-055-5121		
Email Address:	deeter@me.com		

[View Employers](#)

Training Skills and CEUs

RN Instructor Name	Effective End Date	Effective Start Date	OBN Approval Number	Category A CEUs	Total CEUs	Level	Category
piper chapman	8/31/2013	5/22/2013	DODD-555555-3-01-34		14.00	3	1
Session Start Date	Session End Date	Street Address	Location Name	City			

Click the arrow for any page to return to that page and fix the data **BEFORE** finalizing the decision on the application

The RN Must decide the status of the application

RN can adjust the start date to a date later than the last day of class

The screenshot shows a web application interface. At the top, there is a section titled "Notations for Application" with a text input field and a "Print Application" button below it. Below this is a "Certification Dates" section with "Start Date" set to 8/25/2013 and "End Date" set to 8/24/2014. A red arrow points to the start date field. Below the dates is a "Select Application Status/Decision:" label followed by a dropdown menu. The dropdown menu is open, showing options: "Pending" (highlighted in blue), "Did Not Meet Requirements", "Meets Requirements", "D000 Review", and "Voided Application". A red arrow points to the dropdown menu. To the right of the dropdown are "Previous" and "Save and Continue" buttons. A red arrow points to the "Save and Continue" button.

All status choices are final when "saved" – except pending

Status Choice Options

- **Pending** – leaves the application unfinished. When the person's record is accessed the only action option will be to finish the application
- **Meets Requirements** – will allow DODD to issue a certification
- **Does Not Meet Requirements** – moves the RN to the notation page to document why
- **DODD Review** – Allows RN to request special review prior to certification issuance
- **Void** – will ERASE all the DATA in the application (it will not remove any previous certification information)

Topic 8 – Certificate Issued by DODD



After the Decision the RN has the option to View and Print the certificate

The screenshot shows the Ohio.gov Department of Developmental Disabilities portal. A red arrow points to the 'Ohio.gov' logo. Below the logo, there are navigation tabs: 'Certification & Registration', 'Reports', and 'Other Pages'. A 'Home' link is also visible. Below the navigation tabs, the user's login information is displayed: 'LoginUser: Piper Chapman Name: Deeter,The RNLicense# or DDPersonnelCode: DD00506332 Application ID: 196'. Below the login information, there is a row of buttons representing different sections: 'Start Page', 'Personal Information', 'Current Employer Information', 'Training & CEUs', 'Skills Verification', 'Attestation', 'Application Summary/Decision', 'View/Print Certificate', and 'Notation'. Each button has a 'Completed' status with a blue arrow. The 'View/Print Certificate' button is highlighted in blue. Below this row, there is a 'View/Print Certificate' section with a table. The table has columns for 'View', 'FileName', and 'Requirement'. The first row shows a 'View' link, the filename '196_Initial_08-28-2013.pdf', and the requirement 'Certificate'. A red arrow points to the 'View' link.

Ohio.gov Department of Developmental Disabilities

Certification & Registration Reports Other Pages Home

LoginUser: Piper Chapman Name: Deeter,The RNLicense# or DDPersonnelCode: DD00506332 Application ID: 196

Start Page	Personal Information	Current Employer Information	Training & CEUs	Skills Verification	Attestation	Application Summary/Decision	View/Print Certificate	Notation
Completed	Completed	Completed	Completed	Completed	Completed	Completed	FINISH	NOTATION

View/Print Certificate

View	FileName	Requirement
View	196_Initial_08-28-2013.pdf	Certificate

RNs and Secretarial persons can view and print certificates and application summary at any time using the "Other Pages" View/Print Documents menu

A copy of the pdf document can be e-mailed to the employer

The DD Personnel automatically receives an e-mail notification with a PDF document of certificate attached

From: DODDInfo_DoNotReply@dodd.ohio.gov [mailto:DODDInfo_DoNotReply@dodd.ohio.gov]

Sent: Wednesday, August 28, 2013 4:41 PM

To: Winterstein, Janet

Subject: Status of your application

Congratulations!

Your information has been successfully entered into the DODD Medication Administration Information System (MAIS).

If you earned a certification it is attached to this e-mail.

Please Note:

All DD Personnel Certifications expire 1 year from the date of certification. DD Personnel and employers should always confirm current DODD certification is active any time the Personnel is assigned to administer medications. Public access to certification dates and status is available at any time on the DODD Home Page.

All RN Certifications and Registrations expire every 2 years on Aug. 31st of the odd numbered years. You can enter applicable CEUs to your record at any time, you must update your personal and employer contact information within 30 days of any changes and notify DODD immediately of any license restrictions. You will need to log into the MAIS system to enter your renewal request starting 6 months prior to expiration. No late renewals will be accepted.

You should feel free to contact your RN Trainer janet.winterstein@dodd.ohio.gov or DODD if you have any questions or concerns about this certification or safe performance of medication administration and health related activities.

Thank you

VERY Important To Remember!!

- **The Application Summary** is saved as a PDF document – after it is finalized IT CANNOT BE CHANGED.
 - PROOF READ YOUR APPLICATIONS CAREFULLY
- **The finalized Certificate** is saved as a PDF document IT CANNOT BE CHANGED.
 - PROOF READ YOUR APPLICATIONS CAREFULLY

Medication Certifications are significant legal documents – data needs to be entered carefully and truthfully

- Now you will take a quiz on entering Initial Category 1 Certifications
- The next section will be about Add-on and Renewal Certifications

