

DELAWARE HEALTH AND SOCIAL SERVICES DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES COMMUNITY SERVICES

<u>Limited Lay Administration of Medications (LLAM)</u> Participant Prerequisite Checklist

Participants in the Limited Lay Administration of Medication (LLAM) program criteria before attending the required (check one)12-hour (minimum) LLAM participants /6-hour (minimum) LLAM recertification course for renewing participants must be signed by the employer agency representative a ddds_opd_questions@delaware.gov Resource Mailbox 72 hours before the class finstructor. Agency representative must complete the appropriate section below. If partoriginal/copy of most recent Letter of Completion MUST be emailed along with the C Participant and agency staff signatures on this form indicate that the information contand correct to the best of their knowledge. Agencies MUST keep a copy of this employee's file.	Initial course for new cipants. This completed and emailed to the for review by the LLAM ticipant is RENEWING , Checklist for verification. ained on this form is true
Participant Name: Class Date(s):	
Relias Username #: CPR Pending: Class date (New	v Staff ONLY):
New Participant	
1. Participant is 18 years old or older Yes No DOB:	
2. Is participant attending class due to medication errors? Yes No	
3. Participant is current in CPR certification. Yes No Date of expiration on CPR Card:	
4. Participant can read, write, and speak English (as validated by agency policy) Yes	□ No □
5. Participant has demonstrated competency in basic math (addition, subtraction, moderated by administration of math exam with score of 80% or better by participation.	pating agency.
Date of Exam & Score:	
Agency: Date:	
Participants Signature:	
Agency Administrator/Designee:	
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Renewing Participant	
1. Date of last LLAM class:	
2. Participant is current in CPR certification. Yes No	
Expiration date on CPR card:	
3. As of (date), the participant meets all criteria to take the LLAM rec	ertification course.
Agency: Date:	
Participants Signature:	
Agency Administrator/Designee:	

Note: Please bring a copy of the LLAM course manual, pen, and Photo I.D. to class. Employing agencies are to provide LLAM manuals.