

## 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 must meet the following criteria before attending the required (check one)12-hour (minimum) LLAM initial course for ne participants /6-hour (minimum) LLAM recertification course for renewing participants. This complete checklist must be signed by the employer agency representative and emailed to the ddds_opd_questions@delaware.gov Resource Mailbox 72 hours before the class for review by the LLAI instructor. Agency representative must complete the appropriate section below. If participant is RENEWING original/copy of most recent Letter of Completion MUST be emailed along with the Checklist for verification Participant and agency staff signatures on this form indicate that the information contained on this form is true and correct to the best of their knowledge. Agencies MUST keep a copy of this completed form in the employee's file.	wed he M G, n.
Participant Name:Class Date(s):	
Relias Username #: CPR Pending: Class date (New Staff ONLY): New Participant	
1. Participant is 18 years old or older Yes 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	
<b>5.</b> Participant has demonstrated competency in basic math <i>(addition, subtraction, metric, and apothecary)</i> . Validated by administration of math exam with score of 80% or better by participating 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 recertification 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.