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| --- | --- |
|  | |
| **DD Personnel Name** |  |
|  | |
| **Contact Number**  (In case class changes due to unforeseen circumstances) |  |
|  | |
| **Class Type** | **14 Hour Medication Administration and Health Related Activities** |
| **2 hour Recertification Class – Medication Administration and HRA** |
| **4 Hour GT/JT Certification Class** |
| **1 Hour GT/JT Recertification Class** |
| **4 Hour Insulin Certification Class** |
| **1 Hour Insulin Recertification Class** |
|  | |
| **Class Date/Dates** |  |
|  | |
| **Location** | **Urbana**  **Defiance** |
| **Troy  Toledo** |
| **Lima  Bellefontaine** |
| **Columbus** |
|  | |
| **Employer Contact Name** |  |
| **Contact Phone Number** |  |
|  | |
| **Billing Information Contact** |  |
| **Address** |  |
|  |
|  |
|  |
|  | |
| **Attendance Roster and Skill Check List to be delivered to:**  **Evidence of Certification can be obtained on the DODD Web Site.**  **The participant will receive a copy of the Certificate form via their**  **own personal e-mail.** | **Fax #** |
| **E-Mail Address:** |
| **Address:** |
|  |
|  |
|  |
|  | |

**This must be accompanied by the DODD Personnel MAIS Application. The DODD Application must be completed and signed by an agency representative attesting to the accuracy of the information.**

**If you are an independent provider, you must bring evidence of a background check and high school diploma to qualify to become certified.**

**Return completed forms to fax # 937-653-1321 Attn. DON**

**Or submit forms electronically to MAregister@crsi-oh.com**