



**Medication Administration Registration For Non CRSI DD Personnel**

<b>DD Personnel Name</b>		
<b>Contact Number</b> (In case class changes due to unforeseen circumstances)		
<b>Class Type</b>	<input type="checkbox"/> 14 Hour Medication Administration and Health Related Activities	
	<input type="checkbox"/> 2 hour Recertification Class – Medication Administration and HRA	
	<input type="checkbox"/> 4 Hour GT/JT Certification Class	
	<input type="checkbox"/> 1 Hour GT/JT Recertification Class	
	<input type="checkbox"/> 4 Hour Insulin Certification Class	
	<input type="checkbox"/> 1 Hour Insulin Recertification Class	
<b>Class Date/Dates</b>		
<b>Location</b>	<input type="checkbox"/> Urbana	<input type="checkbox"/> Defiance
	<input type="checkbox"/> Troy	<input type="checkbox"/> Toledo
	<input type="checkbox"/> Lima	<input type="checkbox"/> Bellefontaine
	<input type="checkbox"/> Columbus	
<b>Employer Contact Name</b>		
<b>Contact Phone Number</b>		
<b>Billing Information Contact</b>		
<b>Address</b>		
<b>Attendance Roster and Skill Check List to be delivered to:</b> 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.	<input type="checkbox"/> Fax #	
	<input type="checkbox"/> E-Mail Address:	
	<input type="checkbox"/> 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](mailto:MAregister@crsi-oh.com)**