

MEDICATION ADMINISTRATION TRAINING PROGRAM – AGENCY/ENTITY/ROLE DESIGNATION/VERIFICATION FORM

Please complete the information on this page to identify your Agency/Entity. Please complete the information on the following page(s) to identify your Agency Administrator or Primary Contact in the online Medication Administration system and to verify employment of re-certifying or new trainers. You may also use this form to indicate staff who are no longer agency administrators or primary contacts or trainers who have left the agency and that we should remove from your agency in the online system.

The completed form can be scanned and attached to an existing help desk ticket. or a new help desk ticket can be created at www.mahelpdesk.com. If you have an existing ticket, please include your ticket number [here](#):

Please note: Only providers/agencies/facilities that fall into the below Program types and Chapters are eligible to participate in the Medication Administration Training Program.

Program Type: *Aging, Assisted Living, OCYF, ODP, PCH, *OMHSAS-Waiver Approved Providers (CRR, LTSR, Crisis Intervention, RTF-A)*

Program Chapter: *Chapter 11, 2800, 3800, 2380, 2390, 6400, 6600, 2600*

Please indicate the purpose of this form (check all that apply):

This is a new provider (Agency/Entity) to be added to the system.

This agency is replacing a previous agency. Name of agency to be removed:

Add or Change Agency Administrator ■ Administrator name removed: from role from agency

Add or Change Primary Contact ■ Primary Contact name removed: from role from agency

Remove Agency Administrator or Primary Contact

Trainer changing roles or leaving agency

Add New re-certifying Trainer ■ re-certifying Trainer employed at agency: Yes No

Description	
Agency/Entity Name	
County	
Street Address	
City/ State/ Zip	
Program Type & Chapter	
License/ FEIN/NPI/MPI Number	

The Agency Administrators and Primary contacts have a role in reviewing trainers assigned to their agencies, paying for trainers, etc. Please keep these roles current. – Complete page 2

Revised: October 6, 2025

Please note: Agency Administrators and Primary Contacts of the verified agency must have an account in the Medication Administration Training Program (medadmin.myodp.org). If you are unsure if you have an account in the system, please submit a ticket through www.mahelpdesk.com.

Please print legibly so that your information is entered into the system accurately.

Role Information	
First Name and Last Name	
Chapter	
Email Address	
Primary Phone #	
Secondary Phone #	
Role: (Agency Admin, Primary Contact)	Primary Contact _____ Agency Administrator _____

Role Information	
First Name and Last Name	
Chapter	
Email Address	
Primary Phone #	
Secondary Phone #	
Role: (Agency Admin, Primary Contact)	Primary Contact _____ Agency Administrator _____

Please note: Agency Administrators and Primary Contacts of the verified agency must have an account in the Medication Administration Training Program (medadmin.myodp.org). If you are unsure if you have an account in the system, please submit a ticket through www.mahelpdesk.com.

Please print legibly so that your information is entered into the system accurately.

Role Information	
First Name and Last Name	
Chapter	
Email Address	
Primary Phone #	
Secondary Phone #	
Role: (Agency Admin, Primary Contact)	Primary Contact _____ Agency Administrator _____

Role Information	
First Name and Last Name	
Chapter	
Email Address	
Primary Phone #	
Secondary Phone #	
Role: (Agency Admin, Primary Contact)	Primary Contact _____ Agency Administrator _____

Names of Agency Administrators, Primary Contacts, and Trainers to be Removed from Agency

Name (First and Last)	Email Address	Remove role only	Remove role and agency	Replacement Trainer Name

Names of Agency Administrators, Primary Contacts, and Trainers to be Added to Agency

Name (First and Last)	Email Address	New or Re-certifying Trainer	Date of hire or Contract start date

I, the Agency Administrator, attest that the trainer candidate is employed by my agency or has an agency-to-agency contract in place and that I have reviewed my agency's Medication Administration Policies and Procedures with the trainer candidate and they meet the train-the-trainer course pre-requisites.

Agency Administrator Name

Agency Administrator E-mail Address

Agency Administrator Phone Number

Agency Administrator Signature

Date

Revised: October 6, 2025