

## Annual Observation of Medication Administration Competency Evaluation Form

Name of Staff: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Service Provider: \_\_\_\_\_  
MAP Registered site address: \_\_\_\_\_

**To be eligible to continue administering medications, staff must receive a 'Yes' on every item.**

MAP Monitor Observation Checklist: (To be completed by MAP Monitor only.)	Comments: (Continue on reverse side if necessary.)
1. Staff identifies the correct medication sheet(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Staff identifies the correct medication(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Staff confirms the correct HCP Order(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Staff compares the pharmacy label to the medication sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Staff prepares the correct dose: <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Staff compares the pharmacy label to the medication sheet again: <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Staff correctly administers medication(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Staff looks again, then correctly documents administration: <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Staff stores and manages medication(s) in a secure manner: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Based on this observation, the above-named staff is (check one below):**

- Eligible to continue administering medication**
                         
  **Not Eligible to continue administering medication**

MAP Monitor (Print Name)	MAP Monitor (Signature)