

**STATEMENT OF COMPLETION OF TRAINING
FOR ADMINISTRATION OF MEDICATION TO OREGON STUDENTS**

Name of Designated School Personnel _____

The above person met the participation requirements of the Administration of Medication to Oregon Students training on the date indicated below. The indicated training is mandated by ORS 339.867-339.870 and OAR 581-021-0037 for those school personnel designated to assist with the administration of medication in Oregon schools. The participant has passed a competency evaluation to the satisfaction of the qualified trainer.

The Administration of Medication training is required annually for any school personnel who administers medication to students. The initial training and every third training thereafter must be provided in-person by a qualified trainer. During the intervening years, designated personnel may complete an online training option that meets the ODE established guidelines as long as a qualified trainer is available within a reasonable time following the training to answer questions and provide any clarification necessary.

This statement of completion is valid only for the person named above; it cannot be transferred.

Trainer

Date
