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ETHICAL OBLIGATIONS, PROFESSIONAL EXPECTATIONS AND ACKNOWLEDGEMENTS

I, (print name) _____, understand that as a Certified Medication Management Instructor, I have ethical obligations and professional responsibilities to uphold. I will:

Ethical Obligations, including but not limited to:

- Utilize and follow the curriculum or course approved by the Bureau of Health Care Quality and Compliance (HCQC).
- Provide complete and comprehensive education to caregivers covering all topics in the curriculum and completing the time allocated for each topic.
- Provide 16 hours of initial training consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training.
- Provide 8 hours of annual/refresher course or remedial training.
- Conduct post training examination using the questionnaires developed by HCQC. Use the four versions of examinations rotating them per student/caregiver.
- Issue completion certificates only to caregivers who pass the examination with a score of 80% or higher. Only one original certificate may be issued to each caregiver.
- Conduct the entire class and examination in English.
- Protect the integrity of the post training examinations by not sharing the questionnaires and answer keys with unauthorized persons.

Professional Responsibilities, including but not limited to:

- Educate myself about the State regulations governing medication management in order to present accurate information to caregivers.
- Maintain an active status with HCQC by renewing my certification every two years. Submit my application for recertification 60 days prior to expiration date. I understand that should my certification expire; all previously scheduled trainings will be canceled until I complete my certification.

- Notify HCQC of changes to my contact information.
- Notify HCQC if I terminate my affiliation with my current course coordinator.
- Verify the identity of class participants.
- Administer and supervise the post training examination.
- Submit electronically to HCQC the attendance roster within 10 days of class, following the format provided.
- Allow HCQC staff with proper identification to attend my training without prior notice.

Acknowledgements:

- I understand that I have chosen to be a certified Medication Management Instructor. Initial: ____
- I am aware the certification process includes an interview by the HCQC Medication Management Team, to be conducted either in person or by video conference, to assess my understanding of the regulations, my knowledge of the curriculum and my presentation skills. Initial: ____
- I am aware that I will be notified of any deficient practices by caregivers who attended my class, if HCQC determines the deficient practice was a result of caregiver's lack of knowledge or training. Initial: ____

I have read and understand each of the above ethical obligations, professional expectations and acknowledgements and I agree to abide by them. I understand that my status as a Certified Instructor may be revoked for documented non-compliance of any of the above.

Name (please print) _____

Signature: _____

Date: _____