

Medication Assistance Program (MAP) Training Record

This optional record may be used to document medication assistance program (MAP) training, including orientation and competency assessments completed.

Medication Assistance Activity	Education Completed		Competency Assessments Completed			
			Assessment 1		Assessment 2	
	Date	Initial	Date	Initial	Date	Initial
Oral Medication						
Solid pills, capsules, tablets						
Liquid						
Powder						
Other:						
Other						
Transdermal Medication	Date	Initial	Date	Initial	Date	Initial
Transdermal patch						
Other:						
Topical Medication	Date	Initial	Date	Initial	Date	Initial
Cream						
Ointment						
Other:						
Other:						
Eye (Ophthalmic) Medication	Date	Initial	Date	Initial	Date	Initial
Eye drops						
Eye ointment						
Ear (Otic) Medication	Date	Initial	Date	Initial	Date	Initial
Ear drops						
Nasal Medication	Date	Initial	Date	Initial	Date	Initial
Drops						
Spray						
Inhaled Medication	Date	Initial	Date	Initial	Date	Initial
Metered Dose Inhaler						
Other:						
Other:						
Other:						
Assistance with Prepared Insulin	Date	Initial	Date	Initial	Date	Initial
Insulin Pen						
Other:						
Rectal Medication (HCA* only)	Date	Initial	Date	Initial	Date	Initial
Suppository						
Enema						
Vaginal Medication (HCA* only)	Date	Initial	Date	Initial	Date	Initial
Suppository (with/without applicator)						
Cream (with applicator)						

*HCA= health care aide