ISDH QMA Insulin Administration Facility and RESQ Agreement

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Facility Name and Corporate Name)

is an approved site for conducting the ISDH QMA Insulin Administration competencies listed below; **under the direct supervision of a designated registered nurse at the student’s facility- the student must perform these with 100% accuracy.**

\_\_\_ ISDH Insulin Adm. Competency Checklist Form-Preparing an Insulin Pen & Administering Insulin By Subcutaneous Injection- 100% Accuracy Required

\_\_\_ ISDH Insulin Adm. Competency Checklist Form-Withdrawing Insulin from a Vial and Administering Insulin by Subcutaneous Injection- 100% Accuracy Required

Under the direction of Nancy Adams at the ISDH, please provide to RESQ the designated contact name, email address and phone number for the student’s facility.

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I ACCEPT AND AGREE TO CONTACT RESQ IF THE STUDENT IS NOT ABLE TO COMPLETE THE COMPETENCIES TRAINING AT THIS FACILITY. PLEASE NOTIFY US ASAP AT INFO@RESQTRAINING.COM**

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Donna LaCroix-McRee, R.N.

CNA/QMA Program Director

1/2020