

# YOUTH CAMP MEDICATION ADMINISTRATION COURSE APPLICATION

Maryland Department of Health (MDH)  
Center for Healthy Homes and Community Services (CHHCS)  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 FAX (410) 333-8926  
Toll Free 1-877-463-3464 ext. 78417

## I. APPLICANT INFORMATION

APPLICANT'S NAME

APPLICANT'S MAILING ADDRESS

APPLICANT'S WORK PHONE

CITY STATE ZIP CODE

APPLICANT'S CELL PHONE

APPLICANT'S EMAIL

## II. BUSINESS INFORMATION

BUSINESS NAME

BUSINESS MAILING ADDRESS

CITY

STATE

ZIP CODE

NAME OF TRAINING

## III. INSTRUCTOR CREDENTIALS (FOR EACH ADDITIONAL INSTRUCTOR SUBMIT INFORMATION ON ANOTHER SHEET OF PAPER)

INSTRUCTOR'S NAME

WHICH LICENSE TYPE DO YOU HOLD?

PHYSICIAN

REGISTERED NURSE

CERTIFIED NURSE PRACTITIONER

LICENSE NUMBER:

## IV. WRITTEN MATERIALS

SUBMIT COPIES OF THE FOLLOWING FOR REVIEW:

- A) Training manual
- B) All handouts
- B) All presentations
- C) All exams
- D) Certificate issued to student upon completion

## V. APPLICANT'S SIGNATURE

I have carefully examined and read this application and when teaching, agree to comply with all applicable laws and COMAR 10.16.06 and 10.16.07 of the State of Maryland regarding routine medication, except for insulin, at youth camps. I understand that providing false information on this application or violating, Maryland Health-General Code Annotated Title 13, Subtitle 7; Title 14, Subtitle 4; or any regulation adopted by the Department under these subtitles may result in suspension or revocation of my course approval. *If you have questions, please call MDH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-MDH ext. 78417.*

✗

DATE

APPLICANT'S SIGNATURE

## FOR INTERNAL USE ONLY (Do Not Write Below This Line)

APPROVED

DENIED

Reason: \_\_\_\_\_

TRACKING #: \_\_\_\_\_

✗

DATE

EHB DIRECTOR'S SIGNATURE