YOUTH CAMP MEDICATION ADMINISTRATION CERTIFICATE HOLDER 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

CAMP APPLICANT NAME	CAMP NAME	CAMP LICENSE NUMBER

APPLICANT'S MAILING ADDRESS	APPLICANT'S WORK PHONE
CITY STATE ZIP CODE	APPLICANT'S CELL PHONE

APPLICANT'S EMAIL

II. AGE

ARE YOU AN ADULT, AS DEFINED IN COMAR 10.16.06 AND 10.16.07? ☐ YES ☐ NO

III. TRAINING COURSE

A) HAVE YOU SUCCESSFULLY COMPLETED A MEDICATION ADMINISTRATION COURSE APPROVED BY THE DEPARTMENT?

☐ YES ☐ NO

B) NAME OF APPROVED COURSE

C) HAVE YOU ATTACHED A COPY OF YOUR COMPLETION CERTIFICATE? ☐ YES ☐ NO

V. APPLICANT'S SIGNATURE

I have carefully examined and read this application and when operating, agree to comply with all applicable laws and COMAR 10.16.06 and 10.16.07 of the State of Maryland regarding youth camps. I understand that providing false information on this application or violating the Maryland Youth Camp Act, Maryland Health-General Code Annotated Title 14, Subtitle 4, or any regulation adopted by the Department under this subtitle may result in suspension or revocation of my certificate. *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)*

TRACKING #:______________

☐ APPROVED

☐ DENIED Reason:____

✕ ______________________________ DATE ______________

CHHCS CHIEF'S SIGNATURE