

State Form 51654 (R6 / 7-23) INDIANA DEPARTMENT OF HEALTH – Consumer Services & Health Care Regulation

INSTRUCTIONS:

- 1. Please type or print clearly in black ink.
- 2. Six (6) hours of inservice training must be completed each year (January December).
- 3. For insulin administration certified QMAs, one (1) additional hour of inservice training directly related to insulin administration must also be completed each year.
- 4. Only inservices related to medications, medication administration, QMA Scope of Practice, and insulin administration should be included on this form.
- 5. QMA <u>MUST</u> keep the original form.
- 6. Electronic signatures are acceptable.

Name (Last, First, Middle Initial)				QMA Certification Number		
Address (number and street)			City		State	ZIP code
Telephone (including area code) E-m		E-mail add	dress			
Date (mm/dd/yy)	Topic (Medication, Medication Administration Insulin Administration, and QMA Scope Practice ONLY)		ion, S pe of	Instructor Signature / Credenti (typed name is acceptabl	ials (1/4 Hour Increments)	IDOH Use Only
TOTAL HOURS						