**Medication Attendant Certified (MAC) Site Application**

A licensed long term care facility (LLCF) with a license that is current and in good standing with the department may apply to the department to become a clinical training site for MAC students who are enrolled in a state approved training course and host site to utilize MACs. A review of the facility’s compliance history will be considered as part of this approval process.

An LLCF which is approved by the department as a clinical training site may serve as a host for MAC clinical students who are enrolled in a state approved training course to earn clinical practicum hours while working under the supervision a Registered Nurse Preceptor. This form shall be completed and signed by the person who is legally authorized to grant permission for use of the clinical agency site.

**Facility Information:** [ ]  **Nursing Facility** [ ]  **Adult Resident Care Provider**

Application Date: Enter a date

Facility Name: Enter Facility Name

Facility Address: Enter Facility Address

Facility Telephone: Enter Facility Telephone Number

Nursing Home total number of licensed beds: Enter total number of licensed beds

Total resident capacity (ARCP Only): Enter total resident capacity

Does the LLCF have a MAC policy and procedure for orientation/utilization of MAC’s, including orientation of all staff to the role of a MAC? Enter Yes or No

Please include the number and attach descriptions of the type(s) of medication errors in the year prior to utilization of MAC’s. Enter Yes or No

Attestation:

I, Authorized Representative Name & Title, an authorized representative of Enter Name of LLCF, attest that Enter Name of LLCF will utilize the MACs in accordance with current LDH rules and regulations pertaining to MACs. Furthermore, I attest that Enter Name of LLCF will maintain MAC evaluations in the Long Term Care Facility’s personnel records, and provide such records to LDH in accordance with the LDH MAC rules and regulations.

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(Signature & Date of Authorized Long Term Care Representative)

Authorized Person’s: Enter Email Address

Authorized Person’s: Enter Direct Telephone Number