

**MEDICATION ADMINISTRATION**  
**TRAINING MANUAL**  
**ACKNOWLEDGEMENT**  
**FORM**

MY SIGNATURE BELOW ACKNOWLEDGES MY RECEIPT OF THE MEDICATION ADMINISTRATION TECHNICIAN TRAINING CLASS MANUAL.

UPON COMPLETION OF THE CLASS, I AGREE TO RETURN THE MEDICATION ADMINISTRATION TECHNICIAN TRAINING MANUAL IN TACT AND FREE FROM DAMAGE. I AGREE TO REIMBURSE ARDMORE IN THE AMOUNT OF **\$75.00** IN THE EVENT THAT I FAIL TO RETURN THE MEDICATION ADMINISTRATION TECHNICIAN MANUAL.

STUDENT SIGNATURE: \_\_\_\_\_

STUDENTS PRINTED NAME: \_\_\_\_\_

DATE MANUAL RECEIVED: \_\_\_/\_\_\_/\_\_\_

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DATE RETURNED: \_\_\_/\_\_\_/\_\_\_

RECEIVED BY: \_\_\_\_\_