

**Champaign Residential Services Inc.
Medication Administration, Insulin Injection and Tube Feeding Training Registration**

Application Date: _____

____/____/____
mm/dd/yy

- The annual calendar for Initial and Annual Medication Administration classes, is published @ crsi-oh.com
- Insulin Injection and Feeding Tube classes are scheduled as needed – call listed contact for dates
- For Insulin Injection and Feeding Tube training, Medication Administration certification must be current

Registrant Information:

Name (Print):
Last 4 Digits of SSN:
Agency - if not CRSI:
Agency/CRSI Fax #:
County Worked In:
Work Phone - if not CRSI Location:
Home Phone or Cell Phone:

Class Location:

Defiance Bellefontaine Lima London Troy Urbana

Class Requested:

Medication Administration: Initial Annual
Insulin: Initial Annual
Feeding Tube: Initial Annual

Class Dates:

| | |
|---|--|
| Medication Administration – Initial: ____/____ & ____/____ mm/dd mm/dd | Medication Administration –Annual: ____/____ mm/dd |
| Insulin Injection: ____/____ mm/dd | Tube Feeding: ____/____ mm/dd |

IF YOU ARE A CRSI NEW-HIRE OR NOT A CRSI EMPLOYEE, COMPLETE THE FOLLOWING SECTION:

Date of Birth: ____/____/____ (must be 18 or older) SSN: _____ - _____ - _____

High School Diploma or GED: Yes or No (circle one) You must have a diploma or GED to take the class

Home Address: _____ City: _____ Zip: _____

For Annual Re-certification, Annual Feeding Tube and/or Annual Insulin Injection Training:

Previous Training Date: _____ Name of Nurse/Trainer: _____

I, _____ (signature) certify that the information I have provided is correct. _____ Date

Fax application to the contact person for the location of the class – select only one location: Call ahead prior to class

| Allen | Clark - Champaign | Defiance | Madison | Miami |
|---|---|---|--|--|
| Claudia Rode 419-229-1191 419-229-1190 Fax | Deb Fisher 937-508-775 937-484-3472 Fax | Judy Parrot 419-784-0886 419-784-0560 Fax | Deb Fisher 937-508-7759 937-484-3472 Fax | Jenny Albright 937-335-6974 937-339-7884 Fax |
| Presbyterian Church 1100 W. Market St. Lima | Corporate Office 1150 Scioto St. Urbana | Defiance Office 717 Perry St. Defiance | 117 West High St. Suite 104 London | Troy Office 405 Public Sq., Suite 373 Troy |

(For Human Resources verification prior to class)

| | |
|------------------------|-----------------------|
| Abuser Registry Check: | STNA Registry Check: |
| BCII Check : | Diploma or GED Check: |
| HR Representative: | Date: |