



**Medication Assistant, Certified (MAC)
Orientation Check List**

Employee Name: _____

A. General Orientation was completed on: _____

B. General Orientation for Nursing Service was completed on: _____

C. Job Specific Orientation below.

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
1. Review of MAC Scoop of Practice	DON/SDC ABN Administrative Code Chapter 610-X-14			
2. MAC Assignments	SDC/CC/DON			
3. Receiving and Giving Report at the Beginning and End of Shift	SDC/CC			
4. Administering Medications	SDC/CC			
5. Documenting Medication Administration <ul style="list-style-type: none"> • Refusal of Medication • Resident Out of Facility 	SDC/CC			
6. Five (5) Rights of Medication Administration	SDC/CC			
7. Reporting Changes in Condition	SDC/CC			
8. Reporting Medication Errors	SDC/CC/DON			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
9. Medication Cart <ul style="list-style-type: none"> • Stocking Cart • Cleaning and Disinfecting Cart 	SDC/CC			
10. Assisting with Direct Care In between Med Passes	SDC/CC			
11. Infection Prevention During Med Pass	IPN/SDC/CC			
12. Location and Use of Crash Cart	SDC/CC			
13. Survey Process	DON/SDC			
14. Review Job Description and Sign	DON/SDC			

D. Medication Administration Skills Check completed on: _____

E. CNA Skills Check completed on: _____

(Attach both skills check list to this orientation)