

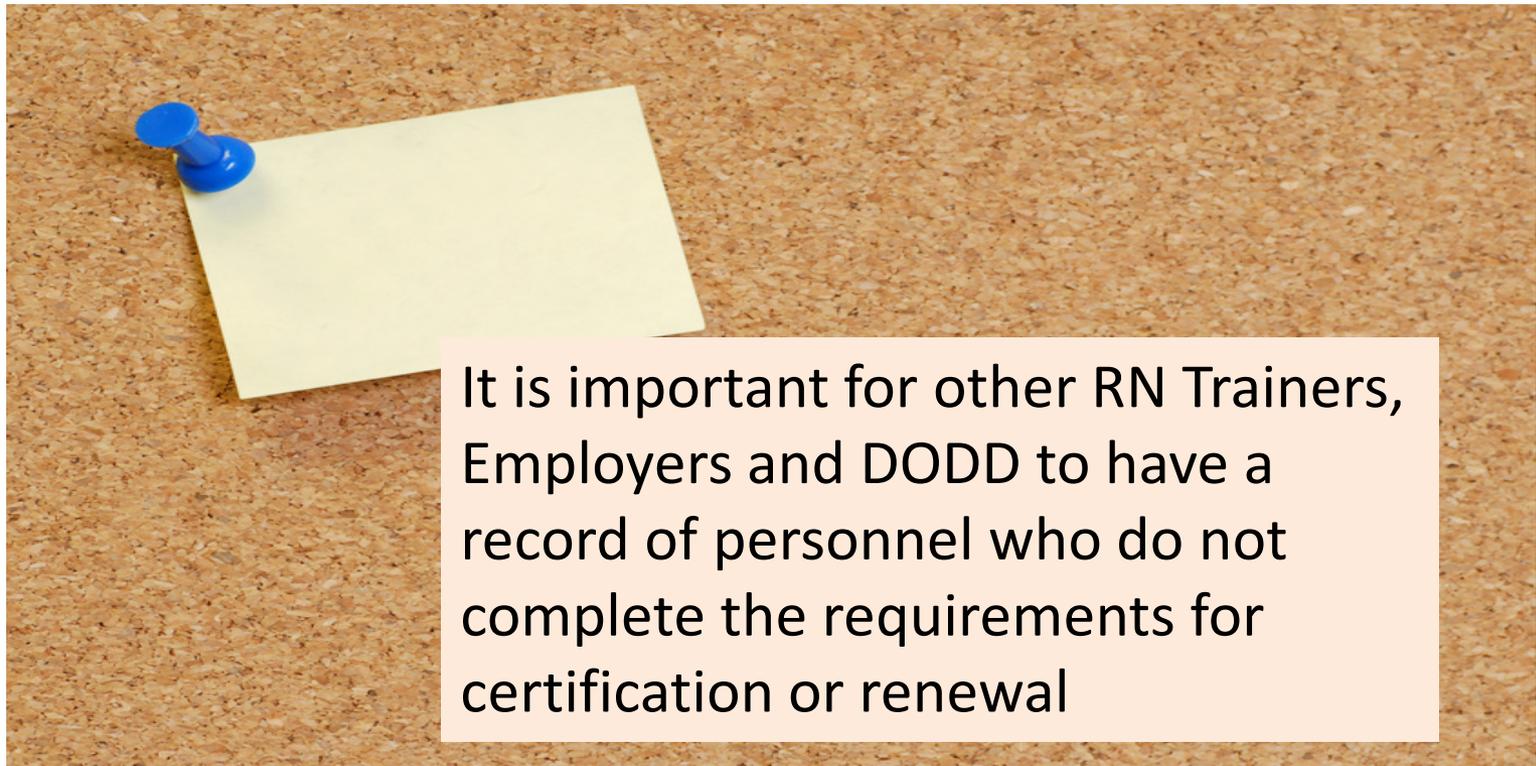
# Notations



# Notations

1. Document the Reason if a person Did Not Meet Requirements for certification
2. Document the mandated report to DODD if DD Personnel are taken off Medication Administration duty for performance problems
3. Establish the Certified Personnel's history related to THEIR CERTIFICATION – not their employee file

# Topic 1 – Failure to Meet Requirements for Certification



It is important for other RN Trainers, Employers and DODD to have a record of personnel who do not complete the requirements for certification or renewal

Selecting “Did Not Meet Requirements” as the status will automatically route the application to the notations page

Yes  No

Attestation Completed By Joan Mayo

**Notations for Application**

Notations

Certification Dates  
Start Date  End Date

Select Application Status/Decision:

- Pending
- Pending
- Did Not Meet Requirements**
- Meets Requirements
- DODD Review
- Voided Application

# Notation Type is auto populated – the nurse chooses Date, Reason & uploads the supporting documentation

You must enter notation for this status: Did Not Meet Requirements

Enter Notation Information

Notation Date	Notation Type	Person entering notation	Title	Date Of Occurrence	Notation Reason	Unflagged date
9/5/2013	Did Not Meet Requirements	Admin	Admin		<input type="checkbox"/> Background Check <input type="checkbox"/> Session Attendance <input type="checkbox"/> Session Participation <input type="checkbox"/> Test Results <input type="checkbox"/> Skills Performance	<input type="checkbox"/>

Upload  
Choose File to Upload:

Documents To Upload

Documents Uploaded To UDS

Then "Save" to return to the Summary Decision Page



After completing the notation  
MAIS returns to Summary/Decision  
to finalize the Decision by using  
“Save and Continue”

Print Application

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Certification Dates

Start Date  End Date

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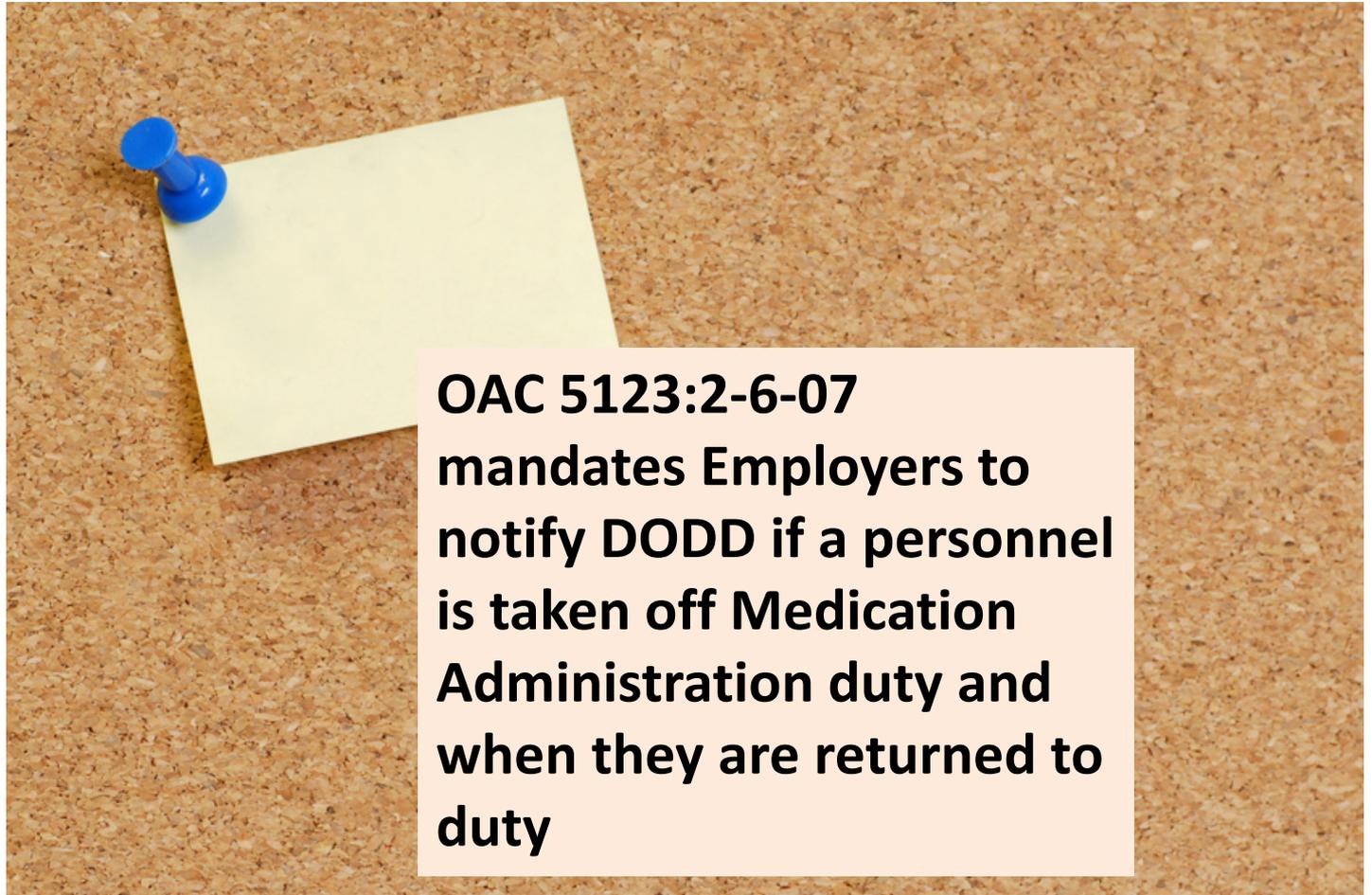
Select Application Status/Decision:

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Previous



# Topic 2 – Documentation of Med Pass Deferral



# Use the “Desired Action” menu to “Add/Update/View Notations

## Select Desired Action Below

### Initial Certification or Registration

Choose this if current certification status above is denied or expired.

(To inquire about Revocation,Suspention,Voluntary Withdrawal,Revocation contcat DODD medication

### Add-On

Choose this to add additional certifications, registrations or categories of training to an existing cur

### Renewal

Choose this to renew current certification.

### Update Profile

Choose this to Add new employer,Name change,Change/Add supervisor,New work location.

### Add/Update/View Notations

Choose this to add,update or view notations for certified person.



### Update Personal Contact Information

Choose this to update personnal contact information for certified person.

### Add CEUs

Choose this to add CEUs for certified person.

# Add Documents to an existing Notation or Add a new Notation

Notation Page [Go Back To Update Existing](#)



Add new Notation

Notation Type	Notation Reason	Person Entering Notation	Person Title	Notation Date	Occurence Date	Unflagged Date
<a href="#">MUI</a>		Sam Healy	RN Trainer	08/16/2013	08/15/2013	

# Select the Reason for the notation and the date of the occurrence

Notation Page [Go Back To Update Existing](#)

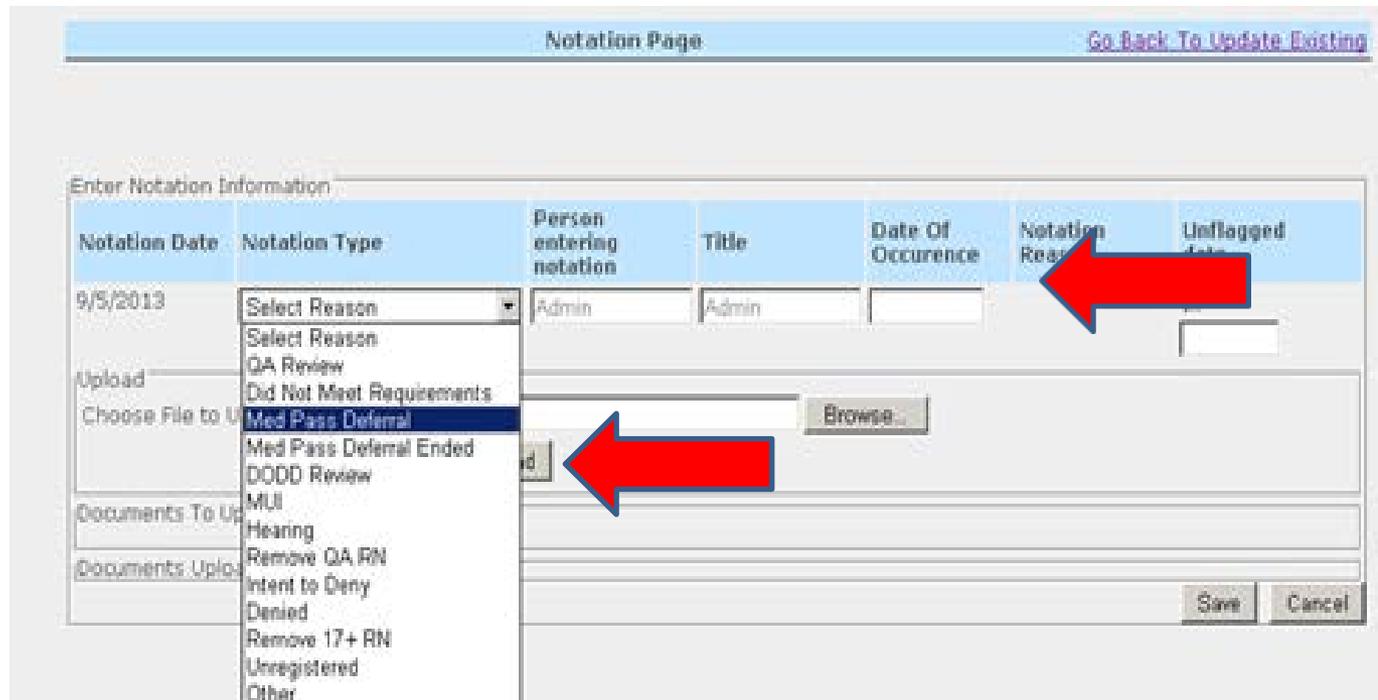
Enter Notation Information:

Notation Date	Notation Type	Person entering notation	Title	Date Of Occurrence	Notation Reason	Unflagged date
9/5/2013	Select Reason	Admin	Admin			
Upload	Choose File to Upload					
Documents To Upload	Documents Uploaded					

Notation Type dropdown menu:

- Select Reason
- QA Review
- Did Not Meet Requirements
- Med Pass Deferral
- Med Pass Deferral Ended
- DODD Review
- MUI
- Hearing
- Remove QA RN
- Intent to Deny
- Denied
- Remove 17+ RN
- Unregistered
- Other

Buttons: Save, Cancel



# Upload supporting documentation

Notation Date	Notation Type	Person entering notation	Title	Date Of Occurrence	Notation Reason	Unflagged date
9/5/2013	Med Pass Deferral	Admin	Admin	07/05/2013	<input type="checkbox"/> DODD <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Nurse Delegation <input type="checkbox"/> CB <input type="checkbox"/> QA RN <input type="checkbox"/> UI <input type="checkbox"/> MUI <input type="checkbox"/> Other <input type="checkbox"/> RN Trainer	<input type="checkbox"/> <input type="text"/>

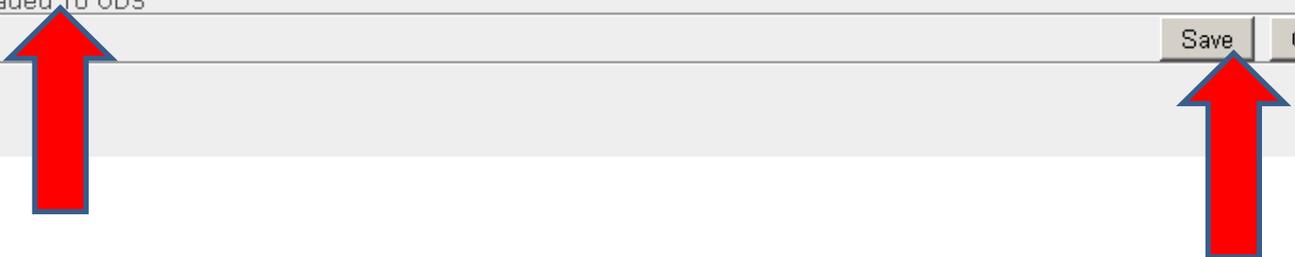
**View to confirm content of document before saving. After saving only DODD can view the documents that have been uploaded**

Upload  
Choose File to Upload:

Documents To Upload

		FileName	Requirement
<a href="#">Delete</a>	<a href="#">View</a>	Jellyfish.jpg	Notation Document

Documents Uploaded To UDS



# Topic 3 – Establishing a History



# The History stays with the person NOT the Employer

- ✓ When MA Certified DD Personnel have problems with medication related responsibilities the record of that needs to be connected to THEIR Certification
- ✓ If only the employer or QA nurse or County has the record the DD Person can go to another employer or become an Independent Provider and continue to be unsafe – risking the welfare of vulnerable persons who cannot self-administer.

Safe Medication Administration is  
**EVERYONE'S RESPONSIBILITY**  
and MAIS can help us work together to  
protect people who matter and who are  
counting on us

- Take your final quiz
- Submit your security form to  
[ma.database@dodd.ohio.gov](mailto:ma.database@dodd.ohio.gov)

