ODP CONSULTING SYSTEM
TUSCARORA INTERMEDIATE UNIT 11
MT UNION ANNEX
402 North Jefferson Street
Suite A
Mount Union, PA 17066

For additional information about this recertification course contact:

Carol Stauffer ODP Consulting System

1-800-438-1958



PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

RECERTIFICATION COURSE FOR THE MEDICATION ADMINISTRATION TRAIN THE TRAINER COURSE

2010-2011

A recertification course for agency/entity trainers who have a current, valid certificate to train unlicensed staff to administer medication.

MEDICATION ADMINISTRATION TRAIN THE TRAINER RECERTIFICATION COURSE

2010-2011

COURSE DESCRIPTION

The Department of Public Welfare in collaboration with the Pennsylvania State Board of Nursing developed the Medication Administration Training program. Trainers must be recertified to train the course every three years. The purpose of this training program is to provide recertification for those training unlicensed staff in community settings to properly administer medications under this training course.

Participants that successfully complete this training will be recertified for a period of three years to do the following in their agency or entity:

- Teach unlicensed staff to properly administer medication
- Monitor unlicensed staff that administer medication
- Teach Practicum Observers to assist with the monitoring of unlicensed staff that give medication
- Monitor Practicum Observers who assist with the monitoring of unlicensed staff that give medication

PREREQUISITES AND STAFF QUALIFICATIONS

Only staff that meet all applicable requirements and are employed in one of the following licensed programs are eligible to attend this recertification course.

Department of Public Welfare

- Chapter 2380: Adult Training Facilities (ATF)
- Chapter 2390: Vocational Facilities
- Chapter 2600: Personal Care Homes (PCH)
- Chapter 3800: Child Residential and Day Treatment Facilities
- Chapter 6400: Community Homes for Individuals with Mental Retardation*
- Chapter 6600: Intermediate Care Facilities for the Mentally Retarded (ICF/MR)*
- Chapter 6600: Intermediate Care Facilities for Other Related Conditions (ICF/ORC)*
- *Serving eight or fewer individuals

Department of Aging

- · Title 6 Aging, Chapter 11: Adult Day Services
- Title 55 Aging, Chapter 2800: Assisted Living

All candidates must:

- Have completed and passed the Medication Administration Train the Trainer Course after July 2004 and hold a current valid trainer certificate.
 - Candidate must complete the Recertification Training prior to the expiration date on their trainer's certificate.
 - If your trainer certificate has expired, you are not eligible to take the Recertification Training. You must retake the 2-day Train the Trainer Training. Refer to the Medication Administration Train the Trainer Brochure.
- 2. Have familiarity with agency or entity policies and procedures for medication administration.

REGISTRATION

On-line registration will be available soon. Please go to www.dpw.state.pa.us to access the link.

INSTRUCTIONS FOR REGISTERING

Please complete and submit the following:

- Application form
- 2. Agency/Entity Trainer Agreement
- 3. Pretest (Survey and Knowledge Component)
- 4. Student Code of Conduct
- 5. Copy of Applicant's Current Trainer Certificate
- 6. Technology Survey
- 7. Registration fee of \$55 made payable to Tuscarora Intermediate Unit 11
- 8. Course Location and Date Choice
- 9. Checklist

Submit the above to the following address:

ODP Consulting System TIU 11 Mt Union Annex 402 North Jefferson Street Suite A Mount Union, PA 17066

- Completed applications should be received at least 5 weeks prior to the date of the class to assure registration for that class. Incomplete applications will be returned to the agency/entity.
- Applicants will not be registered for a class until their application is complete. This includes submission of fee.
- Space in the class will not be held for applicants with incomplete applications.
- Classes that do not have adequate registration will be cancelled and registrants moved to another class.
- Anyone that turns up for a class that is not registered will be turned away and not permitted to take that class.

CONFIRMATION OF REGISTRATION

Applicants will receive the following to confirm that they are registered for a particular class:

• A written confirmation letter sent two weeks prior to the scheduled class listing the date, location, and other specifics about the class for which the applicant is registered.

Students are expected to bring a photo ID and the confirmation letter with them to class.

CANCELLATIONS AND SITE CHANGES

- Cancellations must be made by contacting the TIU (1-800-438-1958) two weeks prior to the day of class.
- Fees will not be returned for cancellations made less than two weeks before the day of class.
- If space permits, accepted participants will be permitted to change sites up to two weeks prior to the day of the class.

SUBSTITUTIONS

- Agencies/Entities may substitute a qualified person two weeks prior to the day of the class. In order for a substitution to be made, the following must occur:
 - The completed application with all of its components must be received two weeks prior to the day of the class.
 - Fees can be transferred to the substitute if the substitution is made two weeks prior to the day of the class.
 - o Fees are NOT refundable if substitutions are made less than **two weeks** prior to the day of class.

If you have special needs as addressed by the Americans with Disabilities Act and need assistance at this training, please make your needs known when you register. Reasonable efforts will be made to accommodate you.

APPLICATION

APPLICANT INFORMATION

Please print or type information to complete the application:

Name Dr. Mi	First	у)	MI	Last	
		County where employ			State
				Evening Phone	
Please specify your	education level/d	egree: G.E.D.		Associate Degree	
		☐ H.S. Dipl	oma	☐ Bachelor's Degree _	
		☐ Nursing D	iploma	☐ Master's Degree	
		Other		Doctorate	
Are you a licensed p	professional? Ch	eck all that apply:			
☐ RN ☐ PA ☐ PT	LPN LCSW	RPh or PharmDRT	☐ ME	O or DO	:

APPLICATION (CONT'D)
I work in the following licensed service (please check only the one that you spend the most time): Chapter 2380: Adult Training Facilities Chapter 2390: Vocational Facilities Chapter 2600: Personal Care Homes Chapter 3800: Child Residential and Day Treatment Facilities Chapter 6400: Community Homes for Individuals with Mental Retardation* Chapter 6600: Intermediate Care Facilities for the Mentally Retarded (ICF/MR)* Chapter 6600: Intermediate Care Facilities for Other Related Conditions (ICF/ORC)* Title 6 Aging, Chapter 11: Adult Day Services Title 55 Aging, Chapter 2800: Assisted Living *Serving eight or fewer individuals
If you work for an Office of Developmental Programs (ODP) licensed service (2380, 2390, 6400, or 6600 ICF/MR), please indicate the primary role that you hold in your agency. □ Direct Support Professional □ Program Specialist □ Provider Clinician □ Provider Administration or Supervisor □ Other
AGENCY INFORMATION
Contact Person: (person responsible for scheduling this training, i.e., Training Coordinator) please print:
Name
Work Phone ()Ext
Cell Phone
Address
City State Zip
EMAIL

PA DEPARTMENT OF PUBLIC WELFARE MEDICATION ADMINISTRATION TRAIN THE TRAINER COURSE AGENCY/ENTITY TRAINER AGREEMENT

We understand that this Medication Administration Train the Trainer Course applies only to staff employed in one of the applicable licensed environments including 55 Pa. Code Chapters 2380, 2390, 2600, 2800, 3800, 6400*, and 6600* (*only those with 8 beds or fewer) and Pa. Code Chapter 11; Adult Day Services.

The signatures below verify that the applicant named in this application has a current valid certification to train the DPW medication administration course.

The signatures below also indicate that both our agency/entity and the individual trainer upon receipt of his or her recertification certificate will continue to assume responsibility for the on-going training and monitoring of our non-licensed agency-entity staff using the materials provided and presenting the content as taught in the two-day Train the Trainer Course and updated by this recertification course.

Trainers that successfully complete the training and are employed in one of the eligible licensed environments are permitted to train in any of the eligible licensed environments only as part as their employment. Trainers may not train as an independent contractor separate from their agency/entity.

ency/Legal E	Entity Name)
City	State	Zip
Owner Name	(Please Pri	nt)
Owner Signat	ture Date	9
	Date	9
	City Owner Name	ency/Legal Entity Name City State Dwner Name (Please Pri Dwner Signature Date

PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE MEDICATION ADMINISTRATION TRAINING PROGRAM

RECERTIFICATION COURSE PRETEST

SECTION	1: Answer	the fol	lowing	questions
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1. Do you train in agencies or entities outside of the one that you are employed in?	Please circle:	Yes/No
If yes, then list the name or names of those agencies/entities.		
2. How many medication administration classes do you teach in a typical year? #		

3. Are you using the medication administration tracking database that was made available through either initial or recertification training for trainers?

Please circle: Yes/No

If yes, then are you putting the answers to the multiple choice test into the database?

Please circle: Yes/No

If no, then are you using another tracking database?

Please circle: Yes/No

SECTION 2

- 1. Jamie has just completed initial training. His testing results are as follows: Hand washing 5 points; Written documentation examination 38 points; Multiple choice examination 47 points; and 4 on-site observations passed. Did Jamie pass the initial course?
 - a. Yes, because his scores add up to 90 points total and he passed the other requirements.
 - b. No, because he didn't complete the gloving exercise even though he passed the requisite number of observations.
 - c. No, because he didn't complete enough observations.
 - d. No, because he didn't complete the gloving exercise or any observations in class.
 - e. Yes, because his scores add up to 90 points total.
- 2. During an MAR review for Marie, you find that she has handwritten an entry for a new, prn medication, Albuterol. In entering the medication she included all of the details about dose, route, person etc., but failed to identify the symptoms that should be present before giving the medication. What is your next step?
 - a. Review another MAR for Marie to see if she made the same mistake.
 - b. Review with Marie how to correctly enter a prn medication on the MAR; have her practice a couple of examples; and pass her on the MAR review.
 - c. This should be considered a medication error and reported.
 - Marie is not allowed to do this because she is not a licensed nurse.

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- 3. Chip has heart disease and is taking Digoxin which requires a heart rate or pulse to be measured before he gets his medication. If the heart rate is less than 60, then Chip is not supposed to be given his Digoxin. You are doing an MAR review using Chip's MAR. When you look at the documentation that Jack, one of the medication administrators for Chip, has done you see that there is a blank in the administration block where Jack should have documented giving the Digoxin. There is a heart rate on the vital sign record and it is 75. This is Jack's only error in the MAR review. What do you do?
 - a. Jack passes the MAR review because when you go to look at the blister pack for Chip's Digoxin, the dose that Jack was supposed to give is gone so he must have given it.
 - b. You should go and instruct Jack to give Chip his Digoxin now.
 - c. Jack fails that MAR review because he failed to document the administration of Chip's Digoxin. You choose to supervise Jack the next time that he gives medication as remediation.
 - d. Although he failed to document the administration of Chip's Digoxin, Jack does not fail the MAR review.
- 4. As a trainer you are observing a student giving medication as part of their annual practicum. The student is to give nitroglycerine by patch. The instructions read to put 1 centimeter on a patch and attach that to the person's skin once a day. The student squeezes 1 cm onto the patch and then begins to smear the medication over the patch using an ungloved finger. What should you do?
 - a. Let the student continue the administration since you are testing them.
 - b. Stop the administration process, correct the student's error, and consider this a failed administration.
 - c. Stop the administration process, correct the student's error, and consider this a passed administration.
 - d. Fail the student because other routes of administration like topical cannot be used for observations for the annual practicum.
- 5. The student that you observed above was being observed as part of their initial testing instead of the annual practicum. What is your next step?
 - a. They failed the administration and must complete two additional ones before they are allowed to administer medication unsupervised.
 - b. They fail the course and must repeat it.
 - c. They failed the administration and must complete an additional observation.
 - d. They passed the administration and so can administer medication unsupervised.
 - e. None of the above
- 6. Paul is observing Kelli to complete her annual practicum. She has passed three MAR reviews for the last 3 quarters, but did not give medications in the first quarter. She failed one of the two observations. What additional activities does she need to do to pass to complete her annual practicum?
 - a. She has to pass another observation.
 - b. She needs to have documentation that she did not give medication in the first quarter instead of an MAR review.
 - c. She needs to pass two additional observations and have documentation that she did not give medication in the first quarter instead of an MAR review.
 - d. Since she didn't give medication in the first quarter, then she fails the annual practicum.
 - a and b are correct.
- 7. Bob has a reading disability. He is struggling with learning the material for the medication administration course. In particular he has difficulty reading the instructions on the pharmacy labels and MARs. You have offered him additional materials to assist with learning how to give medication, but he cannot reliably do it accurately and has failed the written test and the observations multiple times. How do you approach this?
 - Read the test to him because he can't read it very well.
 - b. Continue to work with him outside of class or give him additional materials to assist him in learning the material.
 - c. Give him the answers to the test to study so that he will pass.
 - d. At this time Bob is not safe to give medications and he should not be certified to administer medication.
 - e. b and d are correct.

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- 8. Your agency is being surveyed by licensing. Joe took the medication course over a 4 week period between January 15, 2009 and February 15th, 2009. He completed the gloving, hand washing and two observations in class on January 25th and 27th. He passed the written tests on January 29th and completed his last two observations on February 5th and 15th. The trainer completed his paperwork on February 25, 2009. What is the date of his completion of the course and by what date should all of the annual practicum activities be completed.
 - February 15, 2009, and January 29, 2010
 - b. January 29, 2009 and January 29, 2010
 - c. February 15, 2009 and February 15, 2010
 - d. January 29, 2009 and February 15, 2010
 - e. January 29, 2009 and February 25, 2010
- 9. Inez passed the initial medication administration course. However, during an annual practicum period she has failed two MAR reviews and one observation. She also had difficulty with the remediation activities. What should you as the trainer do?
 - a. She has failed to meet the criteria for the annual practicum, should have her certification revoked, and not be allowed to administer medication.
 - b. She should complete two additional remediations and two more observations in order to meet the criteria to pass the annual practicum.
 - c. Allow her to continue to give medications, but send her back for retraining.
 - d. She should have retraining before she can administer medication again.
 - e. a and d are correct.
- 10. Freddie's parents show up to take Freddie to dinner and a movie. Freddie takes medication at dinner time. How could this be approached?
 - Put Freddie's pill in a separate container to give to his parents.
 - b. Have Freddie or his parents put the pill in a separate container.
 - c. Have the nurse put the medication in the separate container.
 - d. Call the physician to have the medication given after Freddie returns from his outing.
 - e. b and d are correct.
- 11. Chip had a sore throat yesterday and saw his doctor. Chip's strep throat culture was positive and the doctor calls the nurse with an order for amoxicillin. The nurse calls Marie at Chip's home to give her the information. What should Marie do?
 - a. Marie should write this information in Chip's chart and copy the information from the pharmacy label onto the MAR when the medication arrives from the pharmacy.
 - b. Marie should enter this verbal information onto Chip's MAR directly from the conversation with the nurse without waiting for the medication to come from the pharmacy.
 - c. Marie is not allowed to enter the medication on the MAR so the nurse has to come and do this.
 - d. Marie should do nothing.
- 12. Once someone has successfully completed the Medication Administration Train the Trainer Course what are they permitted to do?
 - a. Give medication by any route including injections.
 - Give medication by any route except for injections.
 - c. They are not permitted to give medication except by mouth.
 - d. They are not permitted to give medication.
 - e. None of the above is correct.

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- 13. Inez has been a practicum observer for the last 3 years. She also continues to administer medication on occasion. What are the requirements for her to continue to observe the administration of medication?
 - a. She needs to have 3 supervised observations (one per year) and six MAR audits (two per year).
 - b. She needs to become a trainer.
 - c. She needs to have 3 supervised observations (one per year) and six MAR audits (two per year) and the annual practicum requirements for a medication administrator (4 MAR reviews and 2 observations of an administration).
 - d. There are no requirements for her.
- 14. A person with insulin dependent diabetes is moving into one of your homes. Who can teach the staff who are already trained to administer medication to administer insulin?
 - a. The trainer should train them on how to administer insulin.
 - b. A nurse from the agency should train them on how to administer insulin.
 - c. A diabetic educator should train them on how to administer insulin.
 - d. Another staff person who knows how to administer insulin can train them on how to administer insulin.
- 15. Paul is a licensed nurse and a trainer. He gives medication periodically. Who can do Paul's annual practicum?
 - a. Paul is a trainer and doesn't need an annual practicum to give medication.
 - b. Another trainer or a practicum observer could do Paul's annual practicum.
 - c. Only another trainer could do Paul's annual practicum.
 - d. Paul doesn't need an annual practicum.
- 16. Your pharmacy packages medication in pillow packs where all of the pills for a particular time of administration are in the same blister. The level of Susan's seizure medication, valproic acid, is too high and the doctor orders that the 8 am dose be held or not given. What should the staff person do to safely omit that dose of medication?
 - a. The staff person is not permitted to do this under regulation.
 - b. The staff person should identify the valproic acid by matching the description of the pill on the blister pack label. They should remove this pill and then proceed to administer all of the others using the three checks.
 - c. The staff person should give all of the medication in the blister pack for that time because they are listed on the MAR.
 - d. None of the above is correct.
- 17. Trudy is a nurse that works for your agency. Can she observe unlicensed staff giving medication for their practicum?
 - a. No, any nurse must be taught to be a practicum observer in order to observe for the annual practicum.
 - b. Yes, any nurse is also a practicum observer.
 - c. Yes, if she has passed the practicum observer course.
 - d. No only trainers can observe for the annual practicum.
 - a and c are correct.
- 18. Joan is a certified medication administrator. She recently transferred from a children's facility to a personal care home. What is required for Joan to be able to administer medication in the personal care home?
 - a. Nothing, she is a certified medication administrator and can begin administering when she starts working.
 - Joan must pass the medication administration course again with her new agency before she can administer medication.
 - c. Joan needs to show proof of her certification from her previous agency and participate in orientation training related to medication administration.
 - d. Joan needs to complete modules 5 and 8 and then she can pass medication.
 - e. c and d are correct.

DEPARTMENT OF PUBLIC WELFARE MEDICATION ADMINISTRATION TRAIN THE TRAINER COURSE

STUDENT CODE OF CONDUCT

The Department of Public Welfare (DPW) is committed to providing a safe working and learning environment for its instructors and students in the Medication Administration Train the Trainer course. To this end the Department has developed a Student's Code of Conduct. This requires that each student behave in a responsible, civil manner treating both their instructor and fellow students with respect.

Students are expected to:

- · Actively listen to the presentations and discussions
- · Participate in the discussion
- · Respect others' right to learn
- · Be prepared for class including arriving on time

Instructors expect that students will:

- · Not use profane or offensive language
- Avoid side conversations
- Ask reasonable questions
- Not sleep in class
- · Turn all cell phones and pagers to silent during class
- · Return from breaks and lunch on time
- Work diligently to learn the material

Students should work with instructors to develop a classroom atmosphere which is:

- Open and accepting
- · Positive and supportive
- · Non-threatening either verbally or physically

Students should realize that their performance in this class is a reflection of their conduct within the classroom.

I understand the rules of conduct as presented above and agree to abide by these. I also understand that if I violate these I may be asked to leave the classroom and may be barred from the training.

Student Signature	Date
Student Name (print)	

COURSE LOCATIONS AND DATES

PLEASE CHECK THE BOX NEXT TO THE DATE/LOCATION THAT YOU WOULD LIKE TO ATTEND

September 24, 2010 PaTTAN 3190 William Pitt Way Pittsburgh PA 15238 800-446-5607	October 1, 2010 Capital Area IU 15 55 Miller Street Enola PA 17025 717-732-8426		October 8, 2010 Economic Progress Alliance Conf Ctr 764 Bessemer Street Suite 101 Meadville PA 16335 814-333-2299		October 15, 2010 Chester County IU 455 Boot Road Downingtown PA 19335 484-237-5153
October 22, 2010 Lancaster Lebanon IU 13 1020 New Holland Ave Lancaster PA 17601 717-606-1960	October 29, 2010 Courtyard by Marriott 700 Power Line Drive Greensburg PA 15601 724-834-3555		November 5, 2010 Philadelphia Ed Ctr 440 North Broad Street Philadelphia PA 19130 215-400-8888	;	November 12, 2010 Luzerne IU 368 Tioga Avenue Kingston PA 18704 570-287-9681
February 4, 2011 Appalachia IU Ed Tech Ctr 580 Foot of Ten Road Duncansville PA 16635 814-940-0223	February 11, 2011 PaTTAN 3190 William Pitt Way Pittsburgh PA 15238 800-446-5607		February 18, 2011 Courtyard by Marriott 700 Power Line Drive Greensburg PA 15601 724-834-3555		February 25, 2011 Selinsgrove State Center 1000 US Highway 522 Selinsgrove PA 17870 570-372-5648
March 4, 2011 Philadelphia Ed Ctr 440 North Broad Street Philadelphia PA 19130 215-400-8888	March 11, 2011 Economic Progress Alliance Conf Ctr 764 Bessemer Street Suite 101 Meadville PA 16335 814-333-2299	٥	March 18, 2011 PaTTAN 3190 William Pitt Way Pittsburgh PA 15238 800-446-5607		March 25, 2011 Lancaster Leb IU 13 1020 New Holland Ave Lancaster PA 17601 717-606-1960
April 1, 2011 Ramada Inn 20 Public Square Wilkes Barre PA 18701 570-824-7100	April 8, 2011 Holiday Inn/Harrisburg Hershey 604 Station Road Grantville PA 17028 717-469-0661		April 15, 2011 Chester County IU 455 Boot Road Downingtown PA 19335 484-237-5153		April 29, 2011 Courtyard by Marriott 700 Power Line Drive Greensburg PA 15601 724-834-3555

DEPARTMENT OF PUBLIC WELFARE MEDICATION ADMINISTRATION RECERTIFICATION TRAINING

APPLICATION CHECKLIST

I have completed/enclosed the following documents required for application to the Medication Administration Recertification Training:

- Application (all questions must be answered)
 - Applicant Information
 - o Agency Information
- Registration fee made payable to Tuscarora Intermediate Unit 11
- Agency/Entity Trainer Agreement
- Pretest
- Student Code of Conduct
- Course Location and Date Choice
- Copy of Applicant's Current Trainer Certificate
- Access to technology survey
- Checklist

Name	Date

Medication Administration Technology Survey

The Department of Public Welfare, Office of Developmental Programs, the administrator of the Medication Administration Training is exploring the use of additional internet based technology to support Medication Administration. This may include the use of tools such as Net Casting (Pod Casting), Webinars and other on-line learning tools.

The purpose of this survey is to determine resources currently available to facilities and to help guide the continued development of these resources. Your response to this survey will help with this effort.

The survey should be completed by each agency that uses the Medication Administration train the trainer program. It should be completed by or in consultation with the agency's technology specialist.

Cont	act	Inform	ation

The following information will be used in case additional information/ clarification is need	ed and f	or
geographic interpretation of the data collected in this survey.		

* 1: Name of person completing this survey. Please write your answer here:

* 2: Legal Entity Name: Please write your answer here:
* 3: Facility Name (if different from above) Please write your answer here:
* 4: Phone Number Please write your answer here:
* 5: Email Address Please write your answer here:
* 6 IT: Do you have, or contract with, an IT person for your facility? Please choose *only one* of the following: Yes No
* 7: Are you the primary person responsible for providing technological support to those within your agency? Please choose *only one* of the following: Yes No
[Only answer this question if you answered 'No' to question '7'] * 7A: Since you answered "No" to the previous question, did the person primarily responsible for providing technology support in your agency assist with the completion of this survey? Please choose *only one* of the following: Yes No

System Requirements

To effectively use web based resources, the following questions relate to the minimum system requirements.

* 8: Does every user have access to a desktop or l	aptop (one that is not share	d with a co-worker) with	internet accessibility?
Please choose *only one* of the following:			

Yes

No

Make a comment of your choice here:
[Only answer this question if you answered 'No' to question '8 '] * 8A: Since you answered no to the previous question, do they have access to a laptop or desktop computer in a meeting or conference room setting? Please choose *only one* of the following: Yes No Make a comment of your choice here:
* 9: Does every user have access to a printer? Please choose *only one* of the following: Yes No
* 9A: Since you answered no to the previous question, do they have access to a printer in a meeting or conference room setting? Please choose *only one* of the following: Yes No
* 10: Does your agency have access to a document scanner? Please choose *only one* of the following: Yes No
* 11: Do all computers have Broadband connection (T-1, DSL, or other highspeed connection)? Please choose *only one* of the following: Yes No Make a comment of your choice here:
* 12: Do all computers have wireless internet access? Please choose *only one* of the following: Yes No Make a comment of your choice here:
* 13: Are all computers equipped with Windows 2000 Operating System or higher? Please choose *only one* of the following: Yes No Make a comment of your choice here:
* 14: Are all computers equipped with sound cards and sound devices? Please choose *only one* of the following: Yes No Make a comment of your choice here:
* 15: Are any internet training sites blocked? Please choose *only one* of the following: Yes No Other

[Only answer this question if you answered 'Yes' to question '15']

* 15A: You answered "Yes" to the previous question. Can the internet training sites be unblocked easily? Please choose *only one* of the following:

Yes

No

* 16: It may be necessary to distribute some information/ file to participants. Are computers equipped with a 3.5" floppy disk drive? Please choose *only one* of the following:

All

Some

None

Make a comment of your choice here:

* 17: It may be necessary to distribute some information/ file to participants. Are computers equipped with a Compact Disc (CD) drive? Please choose *only one* of the following:

All

Some

None

Make a comment of your choice here:

Email Access

Some events may require communication with participants through email (i.e to verify individual registration or provide supplemental information).

* 18: Does everyone have individual e-mail accounts to verify individual registration and provide information? Please choose *only one* of the following:

Yes

No

Make a comment of your choice here:

- * 19: In the event that files are distributed via email, what is your e-mail server file size limit for attachments? Please choose *only one* of the following:
- 3 Mb or less
- 5 Mb or less

Over 5 Mb

No limit set

Make a comment on your choice here:

* 20: If we share information for these events with participants, it may require that we utilize various applications. Please indicate which of these applications users in your agency have access to. (Check all that apply.) Please choose *all* that

apply:

Microsoft Word

Microsoft Excel

Adobe Reader

Adobe Acrobat Professional (pdf creator)

Real Media Player

Adobe Flash Player

Netcasting (pod casting)

RSS/XML Subscription Programs

Java Scripts

Active X

* 21: Are there any additional challenges that might impact the use of internet-based training/ presentations that have not been captured in this list of questions? Please choose *only one* of the following: Yes No					
[Only answer this question if you answered 'Yes' to question '21 '] * 21A: In the last question, you indicated that there were additional challenges that were not captured. Please describe below those challenges that may impact the use of internet-based training/ presentations. Please write your answer here:					
Submit Your Survey.					
Thank you for completing this survey					