



**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING
SUSSEX COUNTY (302)739-5487 TIME: 6:10 P.M. TO 7:10 P.M.**



REGISTRATION FOR ADMINISTRATION OF MEDICATION CERTIFICATION TEST

State law requires that only individuals who have successfully completed a state approved test with a grade of at least 80% may administer medication in child care. Prior to taking the test, you must study the *Administration of Medication Self-Study* packet located at: http://kids.delaware.gov/pdfs/occl_administration_of_meds_2005.pdf

The test will be conducted and monitored by a Registered Nurse who will be available from 6:10 p.m. to 6:25 p.m. on the testing night to answer any questions you or your staff may have about the content of the self-study packet. The testing begins at 6:30 p.m. and ends at 7:15 p.m. Admittance to the testing session will not be permitted after the test begins so do not arrive late. ***Current Photo ID is required to attend the session.***

There is a **Non-Refundable** fee of **\$10.00 per person** payable by money order with this Registration Form. Child care centers, please list the names of staff and date of birth of those attending, to attend on a separate page. Only those individuals who are at least 18 of age, have prepaid, and are pre-registered will be permitted to attend. Please select an alternate date. A new registration slip and money order is required if you fail to attend or if you reschedule your test.

SUSSEX COUNTY TESTING LOCATION IS IN ROOM
100 - DEPARTMENT OF PUBLIC HEALTH (IN THE
REAR OF THE BUILDING)



**THURMAN ADAMS JR. STATE SERVICE CENTER
546 SOUTH BEDFORD STREET
GEORGETOWN, DELAWARE 19947**

Wednesday, January 18, 2017	Wednesday, March 15, 2017
Wednesday, May 17, 2017	Wednesday, August 16, 2017
Wednesday, September 20, 2017	Wednesday, October 25, 2017
<i>No classes in February, April, June, July, November, and December – Classes are available in Dover</i>	



REGISTRATION SLIP FOR SUSSEX COUNTY – PLEASE PRINT LEGIBLY

NAME: (PRINT LEGIBLY)	YOUR PHONE #:	DOB:
YOUR EMAIL ADDRESS:		
STREET ADDRESS:	CITY/STATE/ZIP:	
NAME OF CENTER AS IT APPEARS ON THE LICENSE (IF APPLICABLE)	CENTER PHONE #:	
TESTING DATE: 1 ST CHOICE	2 ND CHOICE	

MAKE MONEY ORDERS PAYABLE TO:

STATE OF DELAWARE/DFS

➤ NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY ◀

**MONEY ORDER MUST BE COMPLETED IN FULL
INCOMPLETE MONEY ORDERS WILL BE RETURNED
SEE BACK OF THIS FORM FOR INSTRUCTIONS**

**DETACH & MAIL REGISTRATION TO:
OFFICE OF CHILD CARE LICENSING
821 SILVER LAKE BLVD – SUITE 103
DOVER, DELAWARE 19904**

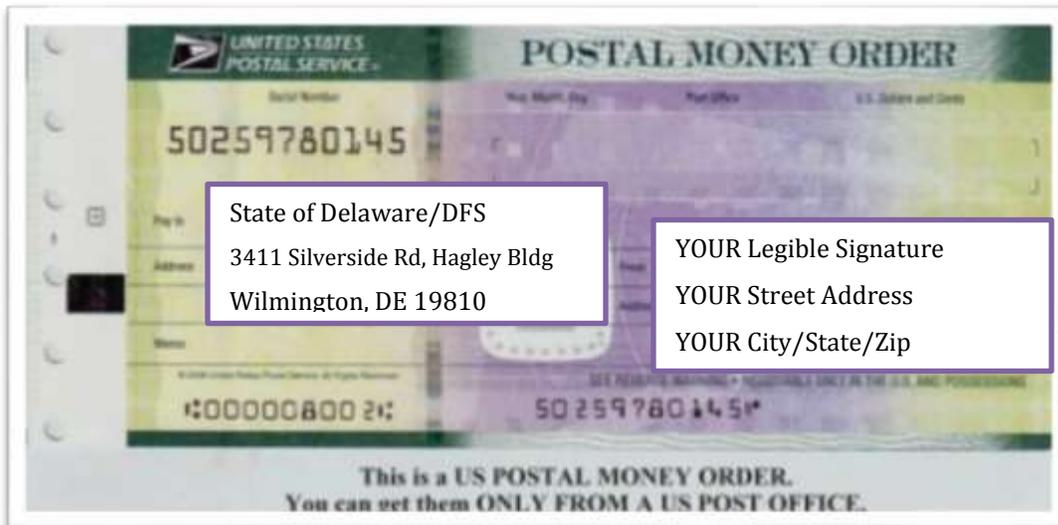
\$10.00 PER PERSON

COMPLETING MONEY ORDERS - PRINT LEGIBLY!

Western Union Money Order



United States Postal Service Money Order



MoneyGram Money Order

