DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING
SUSSEX COUNTY (302)7396-5487 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 6:25 p.m. and ends at 7:10 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, who are employed with a LICENSED FACILITY, have prepaid, and are pre-registered will be permitted to attend. Please select an alternate date for which you could attend. A new registration slip and money order is required if you fail to attend or if you reschedule your test.

SUSSEX COUNTY TESTING LOCATION →

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

Wednesday, January 20, 2016	Wednesday, March 16, 2016
Wednesday, April 20, 2016	Wednesday, May 18, 2016
Wednesday, August 17, 2016	Wednesday, September 21, 2016
Wednesday, October 19, 2016	

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REGISTRATION SLIP FOR NEW CASTLE COUNTY – ***PLEASE PRINT LEGIBLY***

NAME:	*(PRINT LEGIBLY)*	YOUR PHONE #:		DOB:	
YOUR EMAIL ADDRESS:					
STREET ADDRESS:		CITY/STATE/ZIP:			
IF YOU WORK FOR A CENTER: NAME OF CENTER:		CENTER PHONE #:			
TESTING DATE: 1ST CHOICE		2ND CHOICE			

MAKE MONEY ORDERS PAYABLE TO: **STATE OF DELAWARE/DFS**

➢ ***NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY*** ➢

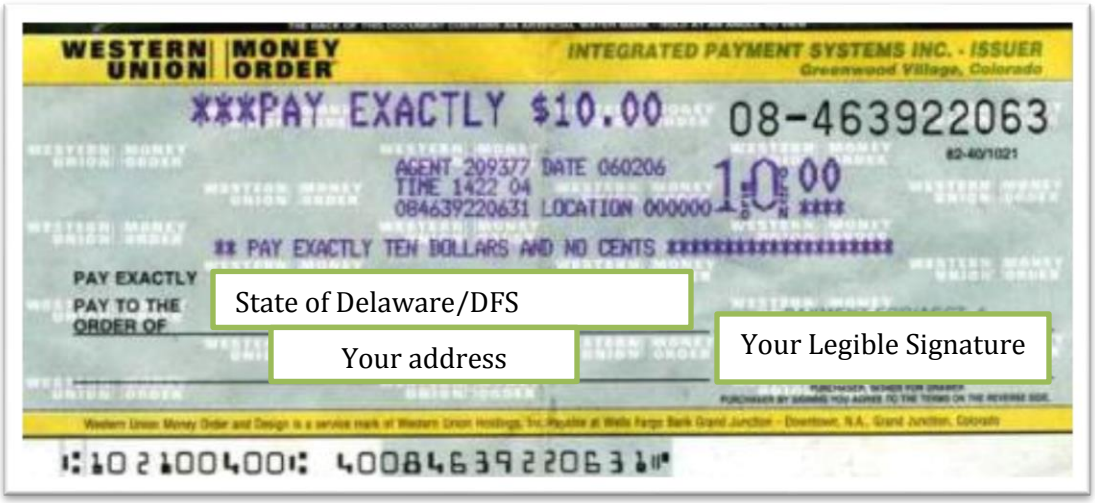
MONEY ORDER MUST BE COMPLETED IN FULL
INCOMPLETE MONEY ORDERS WILL BE RETURNED
SEE BACK OF THIS FORM FOR INSTRUCTIONS

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

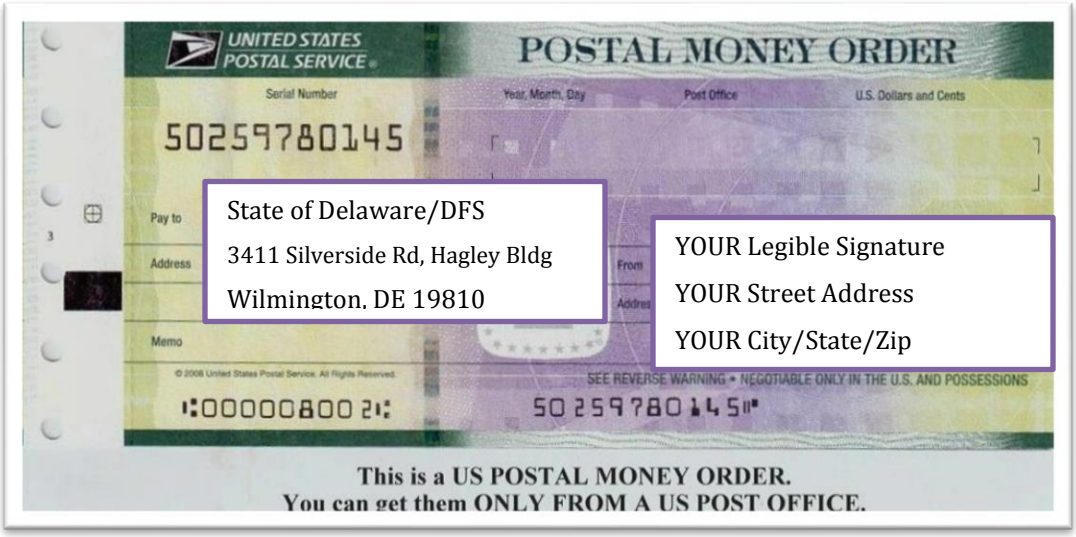
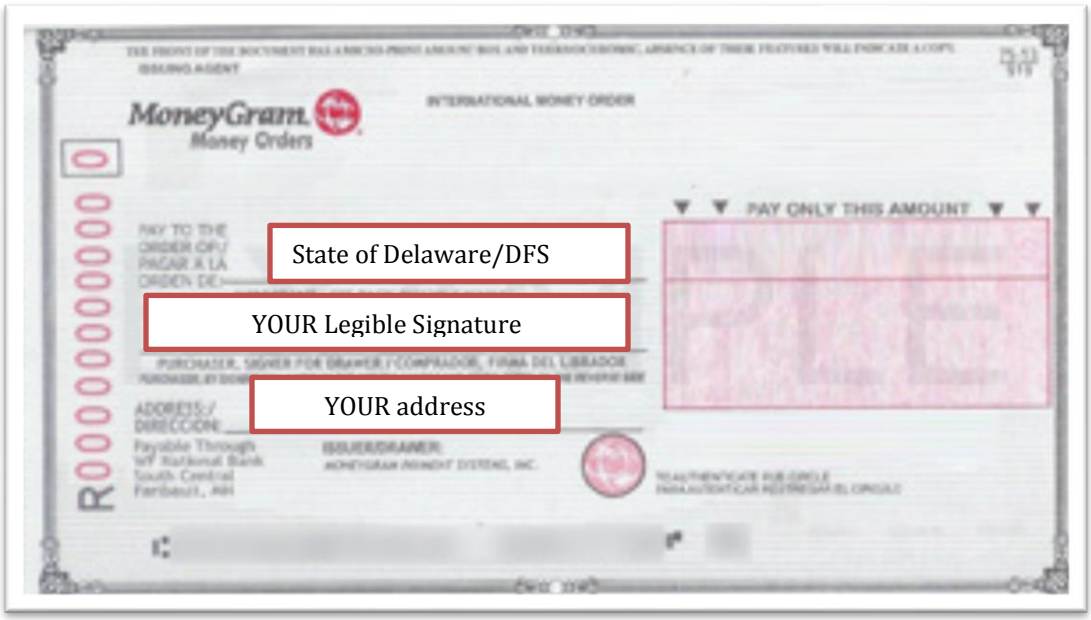
$10.00 PER PERSON

COMPLETING MONEY ORDERS – PRINT LEGIBLY!

Western Union Money Order



United States Postal Service Money Order



MoneyGram Money Order