



**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 85% may administer medication in child care. Prior to taking the test, you must study the *Administration of Medication Self-Study* packet located at: <https://kids.delaware.gov/occl/pdf/administration-of-medication-selfstudy-guide.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.**

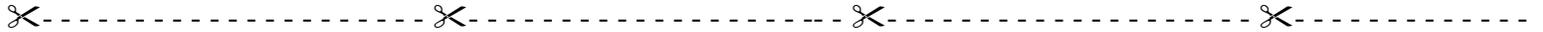
There is a **Non-Refundable** fee of **\$10.00 per person** payable by money order with this Registration Form. Child care centers, please list the names of staff and date of birth of those attending, to attend on a separate page. Only those individuals who are at least 18 of age, have prepaid, and are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

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, March 11, 2020	Wednesday, August 12, 2020
Wednesday, April 15, 2020	Wednesday, September 16, 2020
Wednesday, May 13, 2020	Wednesday, October 14, 2020
Wednesday, June 17, 2020	Wednesday, November 18, 2020
Wednesday, July 15, 2020	Wednesday, December 16, 2020



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	

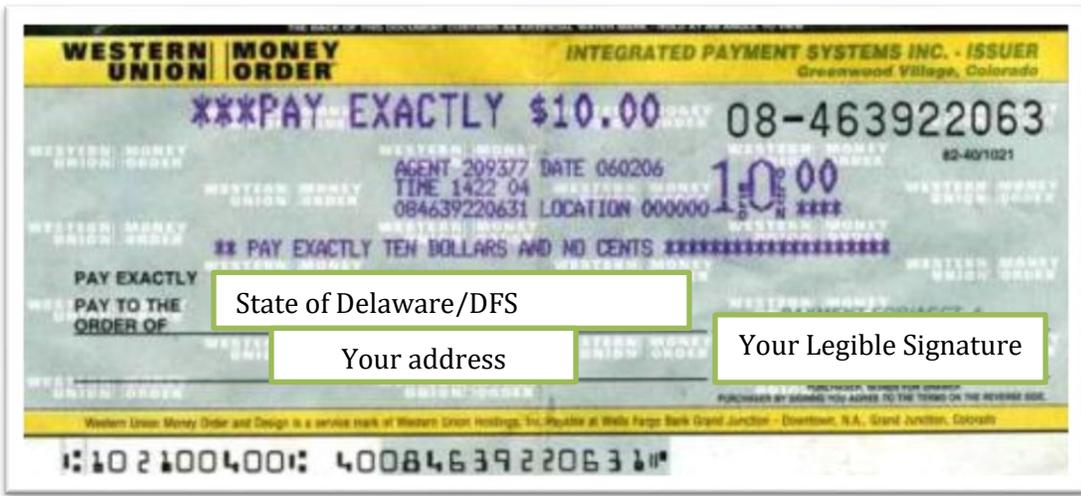
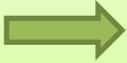
MAKE MONEY ORDERS PAYABLE TO: **STATE OF DELAWARE/DFS**
➤ NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY ◀

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

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

\$10.00 PER PERSON

Western Union Money Order



United States Postal Service Money Order



MoneyGram Money Order

