



Facility _____ MAC Worker _____

BY SIGNING THIS FORM, I ACKNOWLEDGE COMPLETION OF ALABAMA BOARD OF NURSING APPROVED MAC I AND MAC II TRAINING. I WILLINGLY ACCEPT THE RESPONSIBILITY TO ASSIST WITH MEDICATION ADMINISTRATION AND OTHER DELEGATED NURSING TASKS.

MAC Workers Signature _____ **Date** _____

Date MAC I Completed _____

DATE MAC II COMPLETED (Date Competency of Delegated Nursing Tasks Verified by MAS Nurse OR Date of completion of 8 hour of MAC II training)	DATE DELEGATION SUSPENDED (Note Reason for Suspension of Delegated Nursing Tasks On Back)	DELEGATING MAS RN/LPN SIGNATURE AND DATE	INITIALS

By signing this form, I acknowledge I am a MAS Nurse with current certification AND I verified all delegated nursing tasks prior to delegation. I agree to provide supervision of the unlicensed assistive person (MAC Worker) named above.

FACILITY _____ **MAC Worker** _____

OTHER DELEGATING NURSES:

By signing this form, I acknowledge I am a MAS Nurse with current certification AND I verified all delegated nursing tasks prior to delegation. I agree to provide supervision of the unlicensed assistive person (MAC Worker) named above.

DELEGATING MAS RN/LPN SIGNATURE	DATE ALL DELEGATED NURSING TASKS VERIFIED	INITIALS

DATE	MAS RN/LPN COMMENTS/NOTES	INITIALS

NDP 2
5/8/2013

Delegation Form