MEDICATION ADMINISTRATION TRAINING (MAT)
COURSE DATES

DATE	TIME	CODE
• Saturday, June 20, 2020	9am – 6pm	20620
• Saturday, July 18, 2020	9am – 6pm	20718
• Saturday, August 8, 2020	9am – 6pm	20808

MAT Course Registration & Cancellation Policy

1. Advanced registration is required & you must complete a **MAT Course Registration Form.** You may visit www.childcarewestchester.org to register for MAT training online or fax completed form with credit card information to the Health Care Consultant Services Department at 914-840-8507. If you choose to mail the course registration form with payment, mail to Child Care Council, 313 Central Park Avenue, Scarsdale, NY 10583.

2. If you mailed a MAT Course Registration Form with payment **you must call** Juliana Leshi, at 914-761-3456 ext. 111 to confirm that you are registered. You will receive email confirmation if you register online or if you have noted your email address on the registration form.

3. Full Payment is due at the time of Registration.
   Note: If payment is not received with your MAT Registration Form you will not be considered registered for the course.

4. On the day of the course please bring the following:
   - A photo ID
   - Your Child Care license/registration number
   - One small sized (1 7/8" x 1 7/8") Post-It Pad & Highlighter
   - Food, snacks and beverages to sustain you for the day

5. You must arrive in the CONFERENCE room at the scheduled time, if you are more than 10 minutes late, you may be sent home.

6. You must be able to READ and WRITE in English. There is one 60 question written exam and skills demonstration testing that you must pass in order to earn your Medication Administration Training Certificate. The written exam is open book.

7. Please note that the course may end past 6pm. You must stay until you complete the course, so please be sure you can commit to the entire session. You will not be allowed to leave and make up the difference of the course at a later time.

8. 48 hour cancellation policy: If you can not attend your scheduled class, **you must notify** Juliana Leshi**,** at extension 761-3456 ext. 111 or julianal@cccwny.org at least 48 hours before the course to reschedule or receive a refund. You will be required to email or fax a signed written request to make a change or receive a refund. **Otherwise, no refunds or rescheduling will be permitted – no exceptions.**

9. Upon successful completion of the course you will receive a Medication Administration Training Certificate that is valid for three years and you will earn eight (8) hours of training (.8 CEUs) covering three topic areas**.**

This is a double-sided form

Medication Administration Training (MAT) Course Registration Form

PAYMENT MUST BE INCLUDED

Name of Program: _____

Address of Program: _____

Program Contact Person: _____ Program Phone: _____ Email: _____

License/Registration Number (Enter booklet number if you are in the licensing process):_____

Are you a Child Care Council Member: ☐ Yes ☐ No Child Care Council Membership Number (if applicable) _____

Date of MAT Course: _____ Code #:_____

Please list the participant's name, home address, and phone number:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Cost: $150 per Participant Total # of Participants Attending: _____ Total Enclosed: _____

Method of payment: (Check One)

☐ Check / Money Order made payable to Child Care Council of Westchester, Inc.

☐ Credit card: Visa / Master Card/ Amex (Please circle one)

Name as it appears on credit card: _____

Billing address (include zip code): _____

Credit card #: _____ CVV#: _____ Expiration date: _____

Signature: _____

Visit www.childcarewestchester.org to register for MAT training online

I HAVE READ AND UNDERSTAND THE MAT COURSE REGISTRATION & CANCELLATION POLICY

Signature: _____ Date: _____

This is a double-sided form

5/2020