FORM 1201-A Short
Six-Month Nurse Trainer Report to NH Bureau of Developmental Services Medication Committee
(For Programs Without Reportable Errors)

The purpose of this form is to maximize the safe use of medications and to increase awareness of medication errors through open communication, increased reporting and promotion of medication error prevention strategies.

REGION: ENTER REGION # **Nurse Trainer Signature:** PRINT AND SIGN FORM

Electronic signatures cannot be accepted at this time

1. Provider Agency Name: ENTER ACTIVE AGENCY NAME	3. Reporting Period Dates: START DATE to END DATE
2. Nurse Trainer Name: ENTER NURSE TRAINER NAME	

Service name:	Cert type	# of Indiv's	# of Authorized providers	Hours per month	# of Doses	# of 1201 deficiencies	Type of He-M 1201 deficiencies	# of Frail Indiv's	# of Psych meds	Psych Involvement?
5 Grey Way	1001	1	18	4	1494	0	n/a	0	3	Yes ☐ No ☒
10 Eagle Lane	1001 / 507	3	3	2	2396	0	n/a	1	K.L 5 J.S 3	Yes ☒ No ☐
105 Budgie Street	1001	2	9	6	4732	0	n/a	1	J.B. 1	Yes ☐ No ☒
										Yes ☐ No ☐
										Yes ☐ No ☐
										Yes ☐ No ☐
										Yes ☐ No ☐
										Yes ☐ No ☐
										Yes ☐ No ☐

Other Concerns: Ex. Although J.B. is on one psych med, a psych referral has been made due to behavioral issues but there is a three-month wait form an appointment.