FORM 1201-A Short **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: **Nurse Trainer Signature:**_____

1. Provider Agency Name:	2. Certification Type: ☐1001 ☐507 ☐518 ☐521 ☐524 ☐525
3. Nurse Trainer Name:	4. Reporting Period Dates:

Service name:	**# ind**	**# auth. prov.**	**Hrs. per mth**	**# doses**	**# 1201 deficiencies**	**Type of He-M 1201 deficiencies**	**# Frail Ind.**	**# Psych meds**