

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: 5

Nurse Trainer Signature: please print and sign – electronic signatures are not available for 1201 forms.

1. Provider Agency Name: Active Agency	2. Certification Type: <input checked="" type="checkbox"/> 1001 <input type="checkbox"/> 507 <input type="checkbox"/> 518 <input type="checkbox"/> 521 <input type="checkbox"/> 524 <input type="checkbox"/> 525 use separate short form(s) for different programs
3. Nurse Trainer Name: Joan Malone	4. Reporting Period Dates: Sept 1, 2001 to Feb 28, 2012

Service name:	# ind	# auth. prov.	Hrs. per mth	# doses	# 1201 deficiencies	Type of He-M 1201 deficiencies	# Frail Ind.	# Psych meds
5 Grey Way	1	18	4	1494	0	n/a	0	3
10 Eagle Lane	3	3	2	2396	0	n/a	1	K.L. 5 J.B. 3
105 Budgie Street	2	9	6	4732	0	n/a	1	J.S. 1