



OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

## **Foster Care Medical Monitoring Equipment Training and Skills**

## Minnesota Statutes, section 245A.155

FOSTER PARENT'S NAME		LICENSE NUMBER			
STREET ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER	JMBER LICENSING AGENCY (COUNTY, ETC.)				1
PLEASE LIST ALL MEDICAL TRAINING	COMPLETED (I.E.: MEDICATION AD	MINISTRA	ATION, CPR, ETC.)		
Please list all training that you have received related to medical equipment:					
Name of Equipment Where Training was Cond		ducted	Name of Trainer	Date Training Completed	
In order for an agency to pla condition with a foster care			medical equipment to sustain l	ife or mo	onitor a medical
1) Ensure that the foster confirmed by a qualified	•	ed the	training to operate such equip	ment as	observed and
2) Ensure that the provide	der (select one):				
O Is currently caring fo	or an individual who is usi	ing the	same equipment in the foster	home; C	DR
	entation that the foster ca ne past six months; OR	are pro	vider has cared for an individu	al who re	elied on such
$\bigcirc$ Has successfully completed training with the individual being placed with the provider.					
The placing agency is required to obtain a copy of the training and skills form from the foster care provider or supervising agency, and must maintain it and any updated information on file for the duration of the placement. The					

form must be made available to the parents or the primary caregiver and social worker to make an informed placement decision.