Texas Department of Aging and
Disability Services

Form 8010
August 2012

ICF/IID Verification of Delegated Tasks to Unlicensed Personnel and Medication Administration by Unlicensed Personnel

(Example Form)

Name of Individual

ICF/ID Verification of Delegated Tasks to Unlicensed Personnel

Employee Name (Print)	Employee Signature	Tasks Delegated	Date Delegated	Delegated by (RN's Signature)

ICF/IID Administration of Medications by Unlicensed Personnel (Human Resources Code, Chapter 161, Subchapter D-1)

Oral, Topical and Metered Dose Inhaler (Stable or Predictable Conditions Only)

Employee Name (Print)	Employee Signature	Date Trained	Date Competency Determined (Return Demonstration)	RN/LVN Signature