## Controlled Substance Medication Observation Record (CMOR)\* Template – Prescribed Controlled Substances

| Center Name:                  |      |                     |               |                      |                      |                    |  |
|-------------------------------|------|---------------------|---------------|----------------------|----------------------|--------------------|--|
| Student Name:                 |      |                     |               | Student ID Number:   | Student ID Number:   |                    |  |
| Medication(s) and Rx Numbers: |      |                     |               | Dosing Instructions: | Dosing Instructions: |                    |  |
|                               |      |                     |               |                      |                      |                    |  |
| Important Notices:            |      |                     |               |                      |                      |                    |  |
|                               |      |                     |               |                      |                      |                    |  |
| Date                          | Time | Beginning<br>Amount | Ending Amount | Student Signature    | Staff Signature      | Staff Printed Name |  |
|                               |      |                     |               |                      |                      |                    |  |
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<sup>\*</sup>Observation by certified unlicensed center personnel in accordance with medication laws

NOTE: This form is intended to be used by designated non-medical staff for prescribed controlled substance medications doses observed when the HWC is closed. File this in the SHR weekly and include any other notes on the SF-600.