



**BEACON**  
Specialized Living

# Certificate of Completion

IS HEREBY GRANTED TO

Midgett, Ashley

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

2/6/2020

COMPLETION DATE

TRAINER SIGNATURE

## Hands on DMA Introductory

Glucose testing and procedure

Hypoglycemic/Hyperglycemic protocols

Insulin: Expiration, pens, syringes, administration, storage

Liquid medications

Bubble packs

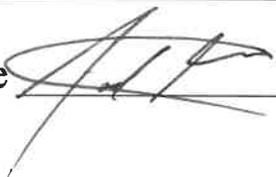
Reading labels

EMAR and paper MAR

Controlled substance sheets

Advanced directives, DNR status, Hospice

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainer Signature  \_\_\_\_\_ Date 2/6/2020