



Certificate of Completion
IS HEREBY GRANTED TO

Cetela Hill
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Certification

TYPE OF TRAINING

2-6-2028
COMPLETION DATE

[Signature]
TRAINER SIGNATURE

DMA TRAINING PROCESS

1. TOUR WITH TRAINER OF MEDROOM, KITCHEN, AND STAFF AREAS WHERE MEDICAL SUPPLIES MAY BE LOCATED
 - STORAGE OF MEDICATIONS (INTERNAL/EXTERNAL)
 - DEAD DRUG BOX/DESTROY JUG
 - EXPLANATION OF EPOCRATES AND ITS USE
 - LOCATION OF FIRST AID/BIOHAZARD KIT/CPR MASKS AND UNIVERSAL PRECAUTIONS
 - SCHEDULE MEDICAL TRAINING WITH REGIONAL NURSE
 - i. MEDICAL POLICIES
 - ii. VITAL SIGNS
 - iii. UNIVERSAL PRECAUTIONS/BLOODBORNE PATHOGENS

2. CLASSROOM TRAINING

- NAVIGATE QUICKMAR AND LOGIN
- TEST GUY RESIDENT MED PASSES
- MEDICATION REFUSALS AND DOCUMENTATION PROCESS
- EXCEPTIONS AND WHEN TO USE THEM
- EXPLAIN PRN PROCESS DOCUMENTATION AND FOLLOW UP
- WORK ON DMA MEDICATION LISTS
- PASSING AND COUNTING CONTROLS
- VITAL SIGNS AND GLUCOMETER TESTING

3. DMA TRAINING CLASS USING POWERPOINT

- ONE MOCK MED PASS
- THREE MED PASSES IN THE HOME BY AN APPROVED TRAINER WITH A FINAL FORTH EVALUATION

Staff Signature Peterhe Dell Date _____

Home Manager Signature _____ Date _____

Trainer Signature Shelby Stewart Date 1/1

[Signature]

2-6-2020

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 Letisha Deo Date _____

Trainer Signature Shelly Skewitt Date 2/6/2020
ATP