



Certificate of Completion
IS HEREBY GRANTED TO

Katie Morgan
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Certification

TYPE OF TRAINING

2-6-2020
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 Kate Morgan Date 2.6.20
Home Manager Signature _____ Date _____
Trainer Signature Shelley Skerrett Date 1/1
Att 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 Katie Morgan Date 2.6.20

Trainer Signature Shelley Skewitt Date 2/6/2028
ATP