



Certificate of Completion

IS HEREBY GRANTED TO

Joshua Terpsda
NAME Johnny Best

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class

TYPE OF TRAINING

2/14/20
COMPLETION DATE

Barbara White
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

2/14/20

Trainer Signature

Date

2/14/20