



Certificate of Completion
IS HEREBY GRANTED TO

KENORRA L. Martin
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class
TYPE OF TRAINING

2/14/20
COMPLETION DATE

[Signature]
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

Aerona A. Martin

Date

2/14/2020

Trainer Signature

B. Bellitto

Date

2/14/20