



**Certificate of Completion**  
IS HEREBY GRANTED TO

*Frank Rosinski*  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class  
TYPE OF TRAINING

2/14/20  
COMPLETION DATE

*Bob White*  
TRAINER SIGNATURE

## Hands on DMA Introductory

Glucose testing and procedure

Hypoglycemic/Hyperglycemic protocols

Insulin: Expiration, pens, syringes, administration, storage

Liquid medications

Bubble packs

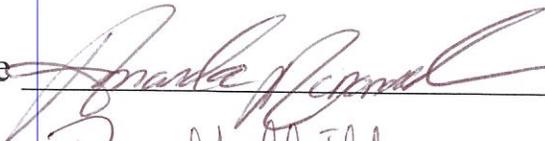
Reading labels

EMAR and paper MAR

Controlled substance sheets

Advanced directives, DNR status, Hospice

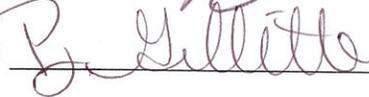
Staff Signature



Date

2/14/20

Trainer Signature



Date

2/14/20