



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

Jeremiah Spicer  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class

TYPE OF TRAINING

2/20/20  
COMPLETION DATE

P. Sullivan  
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

2-20-20

Trainer Signature



Date

2/20/20