



Certificate of Completion
IS HEREBY GRANTED TO

NAME Arion Buchanan

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class

TYPE OF TRAINING

2/20/20
COMPLETION DATE

P. 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

Aaron G. Buchholz

Date

2/20/2020

Trainer Signature

B. Gullett

Date

2/20/20