



**Certificate of Completion**  
IS HEREBY GRANTED TO

Jadin White  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

N/A  
TYPE OF TRAINING

2-25-20  
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



Date 2-25-20

Trainer Signature



Date 2-25-2020