



# Certificate of Completion

THIS HEREBY CERTIFIES THAT

LAKESHA SANDERS

HAS SUCCESSFULLY MET ALL REQUIREMENTS OF  
**DMA CERTIFICATION**

INCLUDING: GLUCOSE MONITORING, SIX RIGHTS AND INSULIN ADMINISTRATION

David Schwartz

SIGNED

02/12/2020



# Certificate of Completion

Is hereby granted to:

LAKEISHA SANDERS

To certify that they have complete to satisfaction in

"DMA, Medical, & Blood Borne Pathogens Training"

Date: 02/12/2020

Sharon Sharon RN  
Trainer Signature