



**Certificate of Completion**  
IS HEREBY GRANTED TO

\_\_\_\_\_  
NAME

Kimberly McCleery

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

\_\_\_\_\_  
TYPE OF TRAINING

DMA

3/12/2020

\_\_\_\_\_  
COMPLETION DATE

A handwritten signature in black ink, appearing to be "K. McCleery", written over a horizontal line.

\_\_\_\_\_  
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 Kirkley McClary Date 3-12-20

Trainer Signature [Signature] Date 3-12-20