



Certificate of Completion
IS HEREBY GRANTED TO

NAME **Candice Wilson**

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 read "Candice Wilson", 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

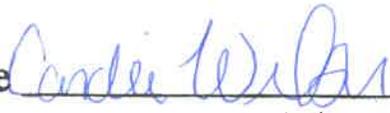
Reading labels

EMAR and paper MAR

Controlled substance sheets

Advanced directives, DNR status, Hospice

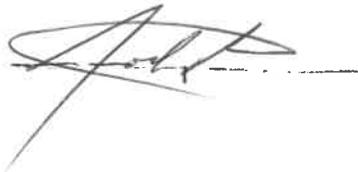
Staff Signature



Date

3/12/2020

Trainer Signature



Date

3/12/20