



Certificate of Completion
IS HEREBY GRANTED TO

Jahleiah Woods
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class

TYPE OF TRAINING

11/2/19
DATE

Paula White
TRAINER SIGNATURE

Hands on Medical Training for all new DCS

Vital Signs: Pulse, respirations, blood pressure, temperature, pulse oximeter, weight-Licensing requirements

Hand washing

Proper gloving

Universal precautions

Prevention of communicable diseases (MRSA, Influenza, respiratory infections)

Transferring: Gait belt use, wheelchair, shower chair, in or out of vehicles

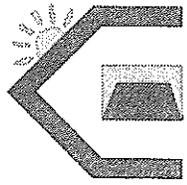
Fall prevention: walker use, no throw rugs, hand rails, well lit hallways

Eating disorders: dysphasia and choking, positioning, special feeding equipment

Special Diets: pureed, thickit, mechanical soft

Staff Signature Jahleian Woods Date 12-2-19

Nurse Signature Kaitlin J Date 12/2/19



BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Abigail Woods

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical Training Class

TYPE OF TRAINING

12/2/19

COMPLETION DATE

Katherine Per

TRAINER SIGNATURE