



Certificate of Completion
IS HEREBY GRANTED TO

Brianna Aumaughner-Baker
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training
TYPE OF TRAINING

4-1-2020
COMPLETION DATE

Victoria Brown
TRAINER SIGNATURE



Certificate of Completion
IS HEREBY GRANTED TO

Bronna Aumoughner - Baker
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical training
TYPE OF TRAINING

4-1-2020 Jordan Bills, RN
COMPLETION DATE 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, handrails, well-lit hallways

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

Special Diets: pureed, thick-it, mechanical soft

Staff Signature Brenna Baker Date 04-1-2020

Nurse Signature Jordan Bills, RN Date 4-1-2020