



**Certificate of Completion**  
IS HEREBY GRANTED TO

\_\_\_\_\_  
Yvonne Cruz  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

\_\_\_\_\_  
DMA training  
TYPE OF TRAINING

4-1-2020  
\_\_\_\_\_  
COMPLETION DATE

\_\_\_\_\_  
Victoria Brown  
TRAINER SIGNATURE



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Medical training

TYPE OF TRAINING

4.1.2020  
COMPLETION DATE

Jordan Bills, RN  
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  Date 01-01-2020

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