



Certificate of Completion
IS HEREBY GRANTED TO

Bethany VanHolt
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

NAME Bethany Vothelt

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical training

TYPE OF TRAINING

COMPLETION DATE 4.1.2020

TRAINER SIGNATURE Jordan Bills, RN

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 4-1-2020

Nurse Signature

Jordan Bills, RN

Date 4-1-2020