



Certificate of Completion

IS HEREBY GRANTED TO

Theresa Perry
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class

TYPE OF TRAINING

3/16/20
COMPLETION DATE

Paula Wells
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 B. Gillette Date 3/16/20
Trainer Signature Wesley Perry Date 3-16-2020



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Medical Training
TYPE OF TRAINING

3/16/2020
COMPLETION DATE

Kristina Taylor 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, hand rails, well lit hallways

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

Special Diets: pureed, thickit, mechanical soft

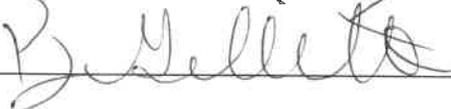
Staff Signature



Date

3-16-2020

Nurse Signature



Date

3/16/20