



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

NAME Jennifer Siurell

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training

TYPE OF TRAINING

COMPLETION DATE 4-23-2020

TRAINER SIGNATURE Victoria Brown



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

Jennifer Sicorella  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical training  
TYPE OF TRAINING

4/23/20  
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 4/23/2020

Nurse Signature Jordan Bills, RN Date 4.23.2020