



Certificate of Completion
IS HEREBY GRANTED TO

Nathan Fenner
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class

TYPE OF TRAINING

Ward
COMPLETION DATE

Paula
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

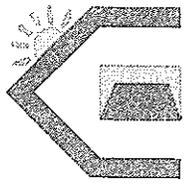
Fall prevention: walker use, no throw rugs, hand rails, well lit hallways

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

Special Diets: pureed, thickit, mechanical soft

Staff Signature Nathan Ferner Date 12/2/19

Nurse Signature Kaitlyn Date 12/2/19



BEACON
Specialized Living

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12/2/2019

COMPLETION DATE

Kaitlyn RN

TRAINER SIGNATURE