



Certificate of Completion
IS HEREBY GRANTED TO

Shyann Williams
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training
TYPE OF TRAINING

2/19/2020
COMPLETION DATE

[Signature]
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 *Alyann Williams* Date 2-19-2020

Trainer Signature *UBran* Date 2/19/2020



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Medical training

TYPE OF TRAINING

2/19/2020
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 Shyann Williams Date 2-19-2020

Nurse Signature Jordan Bills, RN Date 2/19/2020