

**Health Counseling Services**  
**Observed Skill Assessment**  
*Certificate of Completion*

*This Certificate of Completion verifies that*

**Bushra Ali**

*has attended training in administering the following routes of medication administration:*

- *oral tablets,*
- *oral liquids,*
- *topical medications,*
- *ear drops, and*
- *eye drops,*

*and has demonstrated their skill in these routes of medication administration procedures.*



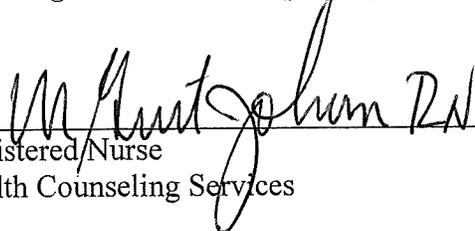
Passed Demonstrated Skill



Did Not Pass Demonstrated Skill

**HCS recommends that you discuss specific policies and procedures with your facility supervisor as well as any additional requirements your facility may have for medication administration.**

*HCS encourages students to keep a duplicate copy of this certificate for their personal records.*

  
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Registered Nurse  
Health Counseling Services

8/24/2023  
Date



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