

Certificate of Completion

THIS IS TO RECOGNIZE

FOR DEDICATION TO QUALITY RESIDENT CARE
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

**INTRODUCTION/ORIENTATION
AND RESIDENT RIGHTS**

Instructor Signature

Date

Certificate of Completion

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SPECIAL NEEDS OF THE ELDERLY

Instructor Signature

Date

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ASSISTING WITH ACTIVITIES OF DAILY LIVING

Instructor Signature

Date

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INFECTION CONTROL

Instructor Signature

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UNDERSTANDING CALIFORNIA MEDICATION REGULATIONS

Instructor Signature

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PSYCHOSOCIAL CARE

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EMERGENCY PROCEDURES

Instructor Signature

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INTRODUCTION TO DEMENTIA CARE

Instructor Signature

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DEMENTIA CARE: EFFECTS OF MEDICATION ON PERSONS WITH DEMENTIA

Instructor Signature

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DEMENTIA CARE: TIPS FOR ADLS

Instructor Signature

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THERAPEUTIC INTERVENTIONS, ACTIVITIES, AND COMMUNICATION

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FOOD SERVICE IN DEMENTIA CARE

Instructor Signature

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RECOGNIZING DIVERSITY

Instructor Signature

Date

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POSTURAL SUPPORTS

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Date

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**SPECIAL CARE NEEDS:
OXYGEN, OSTOMY, CATHETER, AND SKIN BREAKDOWN**

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END OF LIFE

Instructor Signature

Date