

Certificate of Completion

THIS IS TO RECOGNIZE

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

MONITORING RESIDENTS FOR CHANGES IN CONDITION

Instructor Signature

Date

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ASSISTING RESIDENTS WITH TRANSPORTATION

Instructor Signature

Date

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FALL PRECAUTIONS IN ASSISTED LIVING

Instructor Signature

Date

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VITAL SIGNS

Instructor Signature

Date

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WHEELCHAIR AND OTHER AMBULATORY AIDES

Instructor Signature

Date

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ACTIVITIES: ENCOURAGING RESIDENT PARTICIPATION

Instructor Signature

Date

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CALLING 911

Instructor Signature

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INCIDENT REPORTING

Instructor Signature

Date

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DEMENTIA CARE: WANDERING

Instructor Signature

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DEMENTIA CARE: SUNDOWNING

Instructor Signature

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DEMENTIA CARE: AGGRESSIVE BEHAVIORS

Instructor Signature

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DEMENTIA CARE: DIGNITY AND SEXUALITY ISSUES

Instructor Signature

Date

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DEMENTIA CARE: HYDRATION

Instructor Signature

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DEMENTIA CARE: HEALTH COMPLICATIONS

Instructor Signature

Date