

EMPLOYEE NAME	EMPLOYEE E-MAIL ADDRESS
AGENCY NAME & ADDRESS	PHONE # (Include Area Code)
EMPLOYMENT ADDRESS	PHONE # (Include Area Code)

Employee has obtained a test score of 80% or above based on the diabetes care course held at:

LOCATION		DATE	
INSTRUCTOR (Print)		SIGNATURE	
CO-INSTRUCTOR		SIGNATURE	

Clinical Practicum

This employee has completed three errorless demonstrations of diabetes care (subcutaneous injection) and the documentation of the same; has demonstrated knowledge of safe injection practices, use of insulin pen/subcutaneous needle, and skin care; and is certified to perform diabetes care for one year from:

CERTIFICATION BEGIN DATE		to	CERTIFICATION END DATE

INSTRUCTOR'S NAME (Print)	SIGNATURE	DATE

Recertification: Required Yearly

Directions: The following areas should be addressed by a registered nurse who will complete the yearly recertification.

- Assess that diabetes care remains part of the direct support staff's assigned duties.
- Review of previous year's performance.
- Review of procedure, technique and policies related to that task.
- One written examination of not less than 50 questions with a passing grade of 80% or greater.
- One demonstration of the task during actual care of an individual, passed with 100% accuracy.

NAME (Print)	SIGNATURE	DATE