

Documentation of DD Personnel Performance of Skills
Category 1 Training: Initial Certification/Renewal

DD Personnel Name: _____ **Date** _____

Skills included in the Category 1 Prescribed Medication and Health-Related Activities Training Manual are listed below. **A return demonstration of all skills listed below is required for the Category 1 Initial training course.**

Skills verification for **renewal** must include any skill currently being used by the personnel and may be completed by return demonstration (RDW/RDC) or verbalization of knowledge (VOK).

Indicate for each skill:

RDC = Return demonstration in the classroom setting

RDW = Return demonstration at the work site

VOK = Verbalization of knowledge of how to perform the skills **(for renewal only)**

	Oral Medications		Nebulizer Treatment		Oral Suctioning
	Sublingual/Buccal Medications		Oxygen		Glucometer
	Eye Medications		Diastat®		External Urinary Catheter Care
	Ear Medications		Glucagon		Emptying Urine Collection Bag
	Nose Medications		Temperature		Emptying/Replacing Colostomy Bag
	Skin Medications		Pulse		Percussion Vest
	Transdermal Medications		Respirations		BiPAP/CPAP
	Rectal Medications		Blood Pressure		Cough Assist Insufflator
	Vaginal Medications		Pulse Oximetry		Compression Hose
	OTC Topical Musculoskeletal		Clean Dressing		Clean Catch Urine Sample
	Inhaled Medications – MDI		Intake/Output		Versed® - optional

Signature/title of person verifying skills: _____

Date: _____