



Certificate of Completion Presented to

PRINTED NAME OF PARTICIPANT

FOR SUCCESSFUL COMPLETION OF

65G-7 INSULIN ADMINISTRATION TRAINING

The above course is an APD curriculum and meets the requirements of F.S. 393.506 and 65G-7, F.A.C.

Date(s) of Training Course: _____

APD 65G-7 Trainer Number: _____

Trainer Printed Name/Signature

Trainer Nursing License Number/Expiration Date