



# 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