



ARKANSAS STATE BOARD OF NURSING

CERTIFICATE OF PARTICIPATION

Is issued to _____ for successful completion of
Name of trained volunteer

INSULIN ADMINISTRATION TRAINING PROGRAM

National Diabetes Education Program

Including

*American Diabetes Association: Diabetes Care Tasks at School:
What Key Personnel Need to Know*

&

Helping the Students with Diabetes Succeed: A Guide for School Personnel

Awarded by _____ this _____ day of _____, 20____, in accordance with
Signature of Licensed School Nurse/Other Healthcare Professional

Minimum Guidelines for ASBN Approved Insulin Administration Training Program.

Note: This certificate is used for issuance to a trained volunteer that has completed in the ASBN approved Insulin Training Program. Use of the Certification of Participation form indicates that the volunteer has achieved mastery in the identified ASBN approved Insulin Administration Training Program.

