



# ARKANSAS STATE BOARD OF NURSING

## CERTIFICATE OF PARTICIPATION

Is issued to \_\_\_\_\_ for successful completion of  
*Name of trained volunteer*

### **INSULIN & GLUCAGON 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 & Glucagon Administration Training Program.

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