



# ARKANSAS STATE BOARD OF NURSING

## CERTIFICATE OF PARTICIPATION

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

### **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 Glucagon Administration Training Program.

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