

Aging & Disability *Services*

Washington State  
Department of Social and Health Services

Residential Services Consulting

PO Box 1055  
Olalla, WA 98359

\_\_\_\_\_  
Name of Educating Facility

PRESENTS THIS CERTIFICATE TO

*Damara Ramirez*

\_\_\_\_\_  
*for successfully completing the self-study course \**

Nurse Delegation for Nursing Assistants

*Deane Galbreath Rnd* \_\_\_\_\_ *7/11/9*  
Signature of Instructor Date

See back of certificate for course content.

(revised 2/03)