Summary Transcript Report

Name: TYVIANNA YOUNG
Birthday MM/DD: 01 / 21

Approved DCW Training and Testing Program: Arizona Provider Training

---

Level 1 Fundamentals	
Written Fundamentals	Pass 92
Hand Washing	Pass
Gloving	Pass
Fire Extinguisher Use	Pass
Calling 911	Pass
Moving Objects Safely	Pass

Level 2 Developmental Disabilities	
Written DD	N/A
Assistance With Eating	N/A
Assistance With Positioning In Wheelchair / Chair	N/A
Gait Belt Use	N/A
Wheelchair Transfer	N/A
Assistance With Ambulation	N/A
Assistance With Dressing	N/A
Assistance With Standing From Bed	N/A
Redirecting	N/A
Assistance With Positioning In Bed	N/A
Oral Hygiene	N/A

Level 2 Aging and Physical Disabilities	
Written APD	N/A
Assistance With Eating	N/A
Assistance With Positioning In Wheelchair / Chair	N/A
Gait Belt Use	N/A
Wheelchair Transfer	N/A
Assistance With Ambulation	N/A
Assistance With Dressing	N/A
Assistance With Standing From Bed	N/A
Redirecting	N/A
Assistance With Positioning In Bed	N/A
Assistance With Bed Bath	N/A
Assistance With Positioning on the Bedpan	N/A
Emptying Catheter Bag	N/A