

# ADVERSE BENEFIT DETERMINATION NOTICE

## Training Attestation & Self-Study Answer Sheet

Name (please print): \_\_\_\_\_ Score: \_\_\_\_\_

Agency/Program: \_\_\_\_\_

**INSTRUCTIONS:** Read each question on the self-study test sheet then write the letter of the correct choice on this answer sheet. A score of 80% or higher is required to receive credit for this training (8 correct answers).

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_ 7. \_\_\_\_\_ 9. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_ 8. \_\_\_\_\_ 10. \_\_\_\_\_

My signature below indicates that I have reviewed the St. Clair County Community Mental Health Adverse Benefit Determination Notice self-study training and I have achieved functional competency in the training subject matter. I also understand that if I have any questions regarding the training subject matter, I may contact the St. Clair County Community Mental Health Training Department for clarification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer and/or Grader Name (please print): \_\_\_\_\_

Trainer and/or Grader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion, please forward this training attestation and answer sheet to your organization's human resources/training representative.

