ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY COMMUNICABLE DISEASE

Training Attestation & Self-Study Answer Sheet

Name (please print	ł):		Scc	ore:
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 Communicable Disease self-study training and I have achieved functiona 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 Grad		Date:		
Upon completion, please forward this training attestation and answer sheet to				

your organization's human resources/training representative.

