

CORPORATE COMPLIANCE

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 (12 correct answers).

- | | | | | |
|----------|----------|----------|-----------|-----------|
| 1. _____ | 4. _____ | 7. _____ | 10. _____ | 13. _____ |
| 2. _____ | 5. _____ | 8. _____ | 11. _____ | 14. _____ |
| 3. _____ | 6. _____ | 9. _____ | 12. _____ | 15. _____ |

My signature below indicates that I have reviewed the St. Clair County Community Mental Health Corporate Compliance self-study training, the SCCCMH Policy #01-002-0020 *Corporate Compliance Complaint, Investigation & Reporting Process*, the SCCCMH *Corporate Compliance Program Plan*, *Corporate Compliance Flyer*, 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.

