

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 and Non-Retaliation*, 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.

