

Medication Overview

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 Medication Overview 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.

