ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

MILITARY CULTURE

Training Attestation & Self-Study Answer Sheet

Name (please print):			Score:
Agency/Program:			
INSTRUCTIONS: Read each que the correct choice on this an credit for this training (8 corre	swer sheet. A sco	•	
1 3	5	7	9
2 4	6	8	10
My signature below indicates Mental Health Military Culture competency in the training su questions regarding the traini Community Mental Health Tra	self-study training ubject matter. I a ing subject matte	g and I have ac Ilso understanc r, I may contac	chieved functional I that if I have any ct the St. Clair County
Signature:		Date:	
Trainer and/or Grader Name	(please print):		
Trainer and/or Grader Signature:		Date:	
Upon completion, ple	ease forward this train	ning attestation ar	nd answer sheet to

your organization's human resources/training representative.

