

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

RECIPIENT RIGHTS REFRESHER

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. Write T for True or F for False for each question/statement. A score of 80% or higher is required to receive credit for this training.

1. _____ 6. _____ 11. _____ 16. _____ 21. _____

2. _____ 7. _____ 12. _____ 17. _____ 22. _____

3. _____ 8. _____ 13. _____ 18. _____ 23. _____

4. _____ 9. _____ 14. _____ 19. _____ 24. _____

5. _____ 10. _____ 15. _____ 20. _____ 25. _____

My signature below indicates that I have reviewed the St. Clair County Community Mental Health Recipient Rights Refresher 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.



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