

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. _____ |
| 2. _____ | 7. _____ | 12. _____ | 17. _____ |
| 3. _____ | 8. _____ | 13. _____ | 18. _____ |
| 4. _____ | 9. _____ | 14. _____ | 19. _____ |
| 5. _____ | 10. _____ | 15. _____ | 20. _____ |

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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