ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Zero Suicide

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 viewed St. Clair County Community Mental Health's Zero Suicide video, 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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