

Mandatory Nursing Review (MNR) Post Test Answer Sheet 2007

page 1 of 5

Employee Name _____ Title _____ Unit/Department _____

Instructions: Please fill-in the bubble under the answer you are selecting. A pen or pencil may be used. After completing all sections, return your answer sheet and booklet to your Unit Manager or Nursing Education.

This color section is for licensed staff only.

Section I: CHW Mission and Values

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section II: Advance Healthcare Directives/Patient's Rights

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section III: Ethics/Organ&Tissue Donation/Spiritual Care

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section IV: Privacy and Data Security

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

**Mandatory Nursing Review (MNR)
Post Test Answer Sheet 2007**

page 2 of 5

Section V: Nursing Bundle

1	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
2	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
3	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
4	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
5	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F

Section VI: Care Management

1	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
2	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
3	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
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5	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F

Section VII: National Patient Safety Goals

1	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
2	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
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5	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
6	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
7	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
8	<input type="radio"/> True	<input type="radio"/> False	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F

Mandatory Nursing Review (MNR) Post Test Answer Sheet 2007

page 3 of 5

Section VIII: Informed Consent

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section IX: Age Specific Competency

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 6 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section X: Pain Management

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 6 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section XI: Restraints

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Mandatory Nursing Review (MNR) Post Test Answer Sheet 2007

page 4 of 5

Section XII: Abuse/Abuse Reporting

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section XIII: Point of Care Testing: Glucose Monitoring

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 6 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 7 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 8 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section XIV: Emergency Preparedness, Fire & Electrical Safety, Infant Abduction

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Mandatory Nursing Review (MNR) Post Test Answer Sheet 2007

page 5 of 5

Section XV: Emergency Preparedness

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section XVI: Blood Borne Pathogens

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section XVII: Infection Control

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
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| 4 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

Section XVIII: Teamwork

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|---|----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
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| 6 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 7 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 8 | <input type="radio"/> True | <input type="radio"/> False | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |



Appendix III: Training Acknowledgement Form

I hereby certify that I have received and will comply with Catholic Healthcare West's training on (check one)

- Privacy & Data Security Education Video – Interactive
- Privacy & Data Security Education Video – non-interactive
- Privacy & Data Security Education PowerPoint – Interactive
- Privacy & Data Security Education PowerPoint – non-interactive
- General workforce Privacy Training Handbook³

I hereby agree to abide by CHW's privacy and data security policies described in the training and located at <http://hipaa.chw.edu/>

I also agree to promptly report all violations or suspected violations of patient privacy to CHW management or in confidence to CHW's Hotline at 1-800-938-0031.

I acknowledge that CHW may need to change training from time to time and will notify applicable employees of necessary training.

I understand that if I have questions, I should contact my manager or the Facility Privacy Official to request assistance.

I have read and understand this Acknowledgement Form and hereby agree to fully comply with it.

Signature of Participant _____ Date _____

Print Name of Participant _____

Facility / Location _____

Department _____

Print Supervisor's Name _____

³ Optional: Use this acknowledgement in lieu of the one at the end of the booklet.

The signed copy of this form will be place in your personnel file.