

Name: _____ Date: _____
(Please Print)

Title: _____ Dept.: _____ ID#: _____

SUNY Upstate Medical University

Population Specific Self-Study
Answer Sheet

CLINICAL EXAM:

To be completed by employees with Direct Patient Care.

(If you have NO Direct Patient Care, please take Non-Clinical; flip paper over)

Place the letter that corresponds to the most correct answer in the test booklet next to the corresponding question number on the answer sheet.

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |