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| **Name:** |       | **Date:** |       |
| **E-mail:** |       | **Phone:** | (     )       |

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| ***[ ]  By submitting this exam question, you agree to keep content confidential*** |

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| **[ ]  Financial Acumen** | **[ ]  Team Leadership** | **[ ]  Training Deployment** | **[ ]  Program Audit** |
| **[ ]  Program Promotion** | **[ ]  Risk Analysis & Control** | **[ ]  Unit Specific Customization** |
| **[ ]  Policy & Procedure Deployment** | **[ ]  Clinical Knowledge & Experience** |

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| **Reference(s):** | [For Example: Nelson, A, Motacki, K Menzel, N (2009). The Illustrated Guide to Safe Patient Handling and Movement . New York, NY: Springer Publishing Company, Inc.>> pages 23-24 |
| **[Highlight and type question stem]:** |       |
| **[Highlight and type correct answer]:** |       |
| **[Highlight and type incorrect answer option:** |   |
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|  | **For Committee Use Only** | **Date Reviewed:** |       |  |
|  | **[ ]  Source validated by** |       | *(committee member)* |
|  | [ ]  **Accepted with no edits** |
|  | **[ ]  Accepted with recommended changes** |   |  |
|  | **[ ]  Denied for the following reasons** |       |  |