

Presentation Title: \_\_\_\_\_

Date: \_\_\_\_\_ Agency Affiliation: \_\_\_\_\_

**POST-TEST**

Name \_\_\_\_\_ Email \_\_\_\_\_

\*Please be sure to answer during presentation and prior to answer given by presenter. Certificates will be emailed to participants that are listed on a roster and have submitted their post-tests.

1.

2.

3.

4.

5.

Please email completed test to:  
[Healthtraining.wa@providence.org](mailto:Healthtraining.wa@providence.org)