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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:** |  |
| **.[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** | | |  | | |  |