



# FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER

## HIV/AIDS Self-Study Test Answer Sheet

Check one:      Nursing       Lab       Respiratory       Radiology       Social Work

Please note that this course is approved by the above **Florida** Boards. It may not be accepted in all states. If you are not licensed by the state of Florida, please check requirements with your state board.

- |           |           |           |           |           |
|-----------|-----------|-----------|-----------|-----------|
| 1. _____  | 11. _____ | 21. _____ | 31. _____ | 41. _____ |
| 2. _____  | 12. _____ | 22. _____ | 32. _____ | 42. _____ |
| 3. _____  | 13. _____ | 23. _____ | 33. _____ | 43. _____ |
| 4. _____  | 14. _____ | 24. _____ | 34. _____ | 44. _____ |
| 5. _____  | 15. _____ | 25. _____ | 35. _____ | 45. _____ |
| 6. _____  | 16. _____ | 26. _____ | 36. _____ | 46. _____ |
| 7. _____  | 17. _____ | 27. _____ | 37. _____ | 47. _____ |
| 8. _____  | 18. _____ | 28. _____ | 38. _____ | 48. _____ |
| 9. _____  | 19. _____ | 29. _____ | 39. _____ | 49. _____ |
| 10. _____ | 20. _____ | 30. _____ | 40. _____ | 50. _____ |

If a passing grade of 80% is achieved, a certificate will be mailed to the address provided below and completion reported to CE Broker **for FL licensees**. Please print legibly. If license # is left blank or illegible, we will be unable to report to CE Broker and a Nursing certificate will be sent to you.

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Name	FL License #
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Address	City	State	Zip
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**Please mail both completed pages with a check for \$20 to:**  
 Florida Hospital Memorial Medical Center  
 Education Department  
 301 Memorial Medical Parkway  
 Daytona Beach, FL 32117

\_\_\_\_\_  
 Daytime phone #  
 (Required in the event that more information is needed.)

**I certify that I have viewed/read the HIV/AIDS Self-Study module.**

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Signature	Date
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**You must complete and mail both pages with your \$20 check in order to receive a certificate.**



# FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER

## Evaluation for Self Study Continuing Education Programs

Program Title: HIV/AIDS Date: \_\_\_\_\_

We care what you think. If you are pleased we want to know, and if we can improve we need to know that too. Your comments are important to us. All evaluations are confidential. Thank you.

**Please check the appropriate response for each evaluation question.**

	Excellent	Good	Fair	Poor
1. Overall, was this program worthwhile?				
2. Was the content clearly presented and was it easy to understand?				
3. Was the information accurate and current and were the stated objectives met?				
4. Compared with traditional classroom programs, how would you rate self-study as a method of learning?				

Comments/Future Recommendations:

**You must complete and mail both pages with your \$20 check in order to receive a certificate.**