



FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER

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.

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

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.

Name	FL License #
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Address	City	State	Zip
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Please mail both completed pages with a check for \$15 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 AIDS Self-Study module.

Signature	Date
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You must complete and mail both pages with your \$15 check in order to receive a certificate.

