ORIENTATION ANSWER SHEET

Volunteer, Trainee, Consultant, Work Study
Contract & Temporary Staff, Vocational Rehab

DATE: _____

NAME: (Print) _____

LAST 4 digits of SSN: _____

Your position: _____
(i.e. volunteer, nursing student, contract – lab, etc.)

PAPER & PENCIL MODULES:
Circle the one correct answer

Confidentiality and the Law

Q1	A	B	C	D
Q2	A	B	C	D
Q3	A	B		
Q4	A	B	C	D
Q5	A	B		

Prevention of Sexual Harassment

Q1	A	B		
Q2	A	B		
Q3	A	B		
Q4	A	B		
Q5	A	B		
Q6	A	B		
Q7	A	B		
Q8	A	B		
Q9	A	B	C	D
Q10	A	B	C	D

Ethics / Compliance Awareness

Q1	A	B		
Q2	A	B		
Q3	A	B		
Q4	A	B		
Q5	A	B		
Q6	A	B		
Q7	A	B		
Q8	A	B		

General Safety

Q1	A	B		
Q2	A	B	C	D
Q3	A	B	C	D
Q4	A	B	C	D
Q5	A	B	C	D

Hazardous Materials

Q1	A	B	C	D
Q2	A	B	C	D
Q3	A	B		
Q4	A	B	C	D
Q5	A	B		
Q6	A	B	C	D

Life Safety/Fire Safety

Q1	A	B		
Q2	A	B	C	D
Q3	A	B	C	D
Q4	A	B		
Q5	A	B	C	D

Medical Equipment

Q1	A	B	C	D
Q2	A	B	C	D
Q3	A	B	C	D
Q4	A	B		

Utilities

Q1	A	B	C	D
Q2	A	B		
Q3	A	B		
Q4	A	B	C	D
Q5	A	B	C	D

Emergency Preparedness

Q1	A	B	C	D
Q2	A	B	C	D
Q3	A	B		
Q4	A	B		
Q5	A	B	C	D

Infection Control

Q1	A	B	C	D
Q2	A	B		
Q3	A	B		
Q4	A	B		
Q5	A	B		
Q6	A	B	C	D

Continued on reverse side

Drug Free Workplace

Q1	A	B	C	D
Q2	A	B		
Q3	A	B		
Q4	A	B	C	D

Weapons of Mass Destruction

Q1	A	B		
Q2	A	B		
Q3	A	B	C	D
Q4	A	B		
Q5	A	B	C	D
Q6	A	B	C	D
Q7	A	B	C	D
Q8	A	B	C	D
Q9	A	B		
Q10	A	B		
Q11	A	B	C	D
Q12	A	B		
Q13	A	B	C	D

Prevention of Patient Abuse

Q1	A	B		
Q2	A	B		
Q3	A	B	C	D
Q4	A	B	C	D
Q5	A	B	C	D

Prevention of Violence in the Workplace

Q1	A	B	C	D
Q2	A	B		
Q3	A	B	C	D
Q4	A	B		
Q5	A	B		
Q6	A	B	C	D

Patient Safety

Q1	A	B			
Q2	A	B	C	D	
Q3	A	B			
Q4	A	B	C	D	
Q5	A	B	C	D	E

Age Specific Competencies

Q1	A	B
Q2	A	B
Q3	A	B
Q4	A	B
Q5	A	B

EEO / ORM / ADR

Q1	A	B	C	D
Q2	A	B	C	D
Q3	A	B	C	D
Q4	A	B		
Q5	A	B		

Security

Q1	A	B	C	D
Q2	A	B	C	D
Q3	A	B		
Q4	A	B		
Q5	A	B	C	D

Women Veterans Program

Q1	A	B
Q2	A	B
Q3	A	B
Q4	A	B
Q5	A	B
Q6	A	B

No Fear Act & Whistleblower Protection

Q1	A	B
Q2	A	B
Q3	A	B
Q4	A	B
Q5	A	B
Q6	A	B
Q7	A	B
Q8	A	B

Union

Q1	A	B
Q2	A	B
Q3	A	B

ADDITIONAL TRAINING:

Sign below to verify you have also read the following 2 documents:

- VA Cyber Security Awareness Course
- VHA Privacy Policy Training

_____ _____

Signature Date

Return Completed Answer Sheet to your supervisor or service secretary at the Boise VAMC