

**WOC MANDATORY TRAINING  
REGISTRATION, EXAM ANSWER SHEET, and CERTIFICATE OF TRAINING**

**EMPLOYEE INFORMATION**

Enter your "Legal" Name (Example: George G. Washington):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name of School (Examples: University of Utah, BYU, Weber, N/A (not applicable), etc.):

School Name: \_\_\_\_\_

Name of VA Supervisor or Contact: \_\_\_\_\_

Type of VA Appointment (Select one from the following): \_\_\_\_\_

- Resident • Student • Research • Volunteer • Contractor/Clinical • Contractor/Non-Clinical • WOC Staff • All Other

Area of Assignment (Select one from the following): \_\_\_\_\_

- Anesthesia
- Engineering
- Dental
- Nutrition/Food
- Psychology
- Audiology
- Environmental Mgmt
- Neurology
- Pharmacy
- Radiology
- Community Clinics
- Patient Financial Svc
- Nursing
- Police
- Rehab
- Research
- Lab
- Medicine
- Surgery
- Psychiatry
- Social Work
- Volunteer Services
- Information Technology
- Contracting
- All Other

**EXAM ANSWER SHEET - (Darken in "●" correct answer DO NOT circle)**

- |            |             |             |             |             |             |
|------------|-------------|-------------|-------------|-------------|-------------|
| 1. A B C D | 10. A B C D | 19. A B C D | 28. A B C D | 37. A B C D | 46. A B C D |
| 2. A B C D | 11. A B C D | 20. A B C D | 29. A B C D | 38. A B C D | 47. A B C D |
| 3. A B C D | 12. A B C D | 21. A B C D | 30. A B C D | 39. A B C D | 48. A B C D |
| 4. A B C D | 13. A B C D | 22. A B C D | 31. A B C D | 40. A B C D | 49. A B C D |
| 5. A B C D | 14. A B C D | 23. A B C D | 32. A B C D | 41. A B C D | 50. A B C D |
| 6. A B C D | 15. A B C D | 24. A B C D | 33. A B C D | 42. A B C D | 51. A B C D |
| 7. A B C D | 16. A B C D | 25. A B C D | 34. A B C D | 43. A B C D | 52. A B C D |
| 8. A B C D | 17. A B C D | 26. A B C D | 35. A B C D | 44. A B C D |             |
| 9. A B C D | 18. A B C D | 27. A B C D | 36. A B C D | 45. A B C D |             |

**CERTIFICATION OF COMPLETION  
"Providing a Safe and Secure Environment for Health Care"**

I, \_\_\_\_\_, hereby certify that I have reviewed all module content, completed module exam and am knowledgeable as to who to contact for questions (see module for reference).

Appointee Signature: \_\_\_\_\_

A copy of this sheet **must be submitted** to: VASLCHCS, 500 Foothill Dr., Salt Lake City, UT 84148, to one of the following departments, whichever is applicable:

**Medical/Dental Residents, Medical Students:** Human Resources, Mail Code 05 (Return with other appointment documents)

**Associated Health Trainees in ONLY (Nursing, Medical Assistant, Surgical Technology):** Center for Learning Excellence, Mail Code 05HL (Return with "Orientation Packet")

**All Other Associated Health Trainees (Associated Health Residents and Students)**  
(Examples: Social Work, Physical Therapy, Pharmacy, Psychology, Podiatrists, Optometrists, Dental Hygienists, etc.)  
Send to: Program Director of your occupation

**Research**  
Send to: Mail Code 151

**Contractors**  
Send to: Mail Code 04AA

**Volunteers**  
Send to: Mail Code 135