



Code of Conduct Post Test Answer Sheet (Medical Staff)

I, _____ (printed name) have received the WellsBrooke Certified Home Care Code of Conduct Policy. I have read and reviewed the policy and accept that I will abide within its standards.

1. _____

2. _____

3. _____

4. _____

5. _____

Employee Signature: _____ Date: _____

Office Use Only:

Reviewed By: _____ Date: _____

Score: _____



**Core Concepts Competency Post Test Answer Sheet
(Medical Staff)**

Employee Name: _____ Date: _____

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

Employee Signature: _____

Office Use Only:

Reviewed By: _____ Date: _____

Score: _____



Staff Signature Log

Name: _____ Credentials: _____

Print Full Name: _____

Please include any and all signatures utilized when signing WellsBrooke paperwork.

**All entries in the patient record are to be dated and signed using clinician first initial, last name and credentials.

Signature: _____ Initials: _____

Signature: _____ Initials: _____

Signature: _____ Initials: _____