

**Form A.  
Physician Assistant  
Application For  
Licensure**

For office use only.

Fee Paid:

**Maine Board of Licensure in Medicine**  
137 State House Station  
Augusta, ME 04333-0137  
Phone: 207-287-3601 Fax: 207-287-6590

APPLICATION DATE: \_\_\_\_\_

**1. I have read the Board's rules and regulations. I hereby apply for licensure as a Physician Assistant within the state of Maine and submit the following information in support of my application. I am enclosing a non-refundable application fee of \$200.**

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

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
[ ] Use this as my contact address Number and Street [ ] Use this as my contact address Number and Street

City State Zip/Postal Code City State Zip/Postal Code

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
Mo. Day Yr City State Country

**2. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person described and identified in this application.

I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, and foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of any professional and ethical qualifications for licensure in the state of Maine. I hereby release any and all entities from responsibility regarding the information they release to the Board of Licensure in Medicine.

I hereby authorize the Board of Licensure in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgment of the Board, has a legitimate interest in such information.

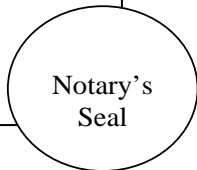
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

Notary Commission Expires:

Attach Current Passport-  
Type Photo  
Here  
  
(Photo must be no  
larger than this  
square.)



- 1) APPLICANTS MUST SIGN THEIR FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC.
- 2) NOTARY PUBLIC MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVERLAPPING A PORTION OF THE PHOTOGRAPH BUT NOT COVERING ABOVE THE NECK.

### 3. Qualifying Training

School Attended: \_\_\_\_\_ Degree/Certificate\*: \_\_\_\_\_  
NAME

Mailing Address: \_\_\_\_\_  
CITY, STATE, COUNTRY

\* All documents must be notarized and attested as true copies of the original(s).

### 4. NCCPA Qualifying Exam

Certificate #\*: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you are scheduled to sit for the examination, please provide proof of the date you will be taking the examination.

Have you ever taken the qualifying exam and failed?  YES  NO When? \_\_\_\_\_

### 5. References:

Please furnish the names and addresses of two persons under whose supervision you have worked as a Physician Assistant during the most recent periods of employment. These references will be contacted for a professional assessment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

### 6. PERSONAL DATA

Check off (X) each appropriate response. Every 'YES' response must be fully explained by written statement on a separate 8.5" x 11" sheet of white paper. Each such explanation must be cross-referenced with the question number, and must be signed, dated, and enclosed with your application.

#### YES NO

1. Do you now or have you ever held certification, registration or licensure as a Physician Assistant in any state(s)?  
If so, where? \_\_\_\_\_
2. Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
3. Have you EVER been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
4. Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
5. Have you EVER been denied registration, or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by, or surrendered to
- a) The U. S. Drug Enforcement Administration (US DEA)?
- b) Any state/territory of the U. S., INCLUDING MAINE?
6. Have you EVER received a sanction from Medicare or from any state Medicaid program?
7. The purpose of the following questions is to determine the current fitness of the applicant to practice medicine. The following inquiries concern medical, mental health, and addiction issues. This information is treated confidentially by the Board. The mere fact of treatment for medical, mental health or addiction(s) is not, in itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with these issues. The Board encourages applicants who may benefit from such treatment to seek it. The Board may deny a license to applicants whose ability to function in the practice of medicine or whose behavior, judgment, and understanding is impaired by a medical, mental health or addictive condition.
- a. Since becoming a medical student, have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician assistant?

- b. Within the last five (5) years have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?

**YES NO**

- c. Are you now, or have you during the past five (5) years been dependent upon alcohol or habituating drugs or undergone treatment for such?

**N/A**

- d. If any of your answers to questions 7(a-c) is "Yes," are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program?
- e. Within the last five (5) years have you ever raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?
- f. Are you currently engaged in the illegal use of drugs or misuse of any drugs?
- g. Have you ever been diagnosed with or treated for any type of sexual behavior disorder?
8. Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.
9. Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?
10. Have you EVER had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?
11. Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
12. Have you EVER been deselected from a managed care organization physician panel?
13. Have you EVER been disciplined by a professional society or resigned while accusation was pending?
14. Have you EVER been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?
15. Do you have any open malpractice claims?
16. Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

## INSTRUCTIONS FOR PHYSICIAN ASSISTANT LICENSURE TWO-STEP PROCESS

- **Initial License:** Use Form A to apply and submit the \$200 application fee. The application fee is non-refundable. Note: the initial license is renewed biennially in odd or even years, depending on your year of birth. Your first license is typically not for a full renewal period of 2 years, but by rule it cannot be for a period of less than 3 months. So it is possible you would need to renew your license in as early as 4 months from issuance, depending on your date of birth.
- **Registration Form C:** Use Form C to apply to register with a Primary Supervising Physician (PSP) and submit it with the appropriate fee. Please see the additional instructions on the Form C. This form must be submitted and approved by the Board to allow active practice for the Physician Assistant. The Form C is online at <http://www.docboard.org/me/licensure/FORM%20C%20PA.pdf>

### INFORMATION REQUIRED WITH INITIAL APPLICATION FOR LICENSURE (FORM A)

- Provide a copy of your diploma from the Physician Assistant program, notarized with a written statement as a “true copy of the original” by a Notary Public.
- Request that an original transcript of grades from the Physician Assistant program be sent directly to this Board.
- Request that a letter from the dean of the college or director of the Physician Assistant program confirming successful completion of the program, with the dates of attendance, be sent directly to this Board.
- Provide a copy of the NCCPA certificate, notarized with a written statement as a “true copy of the original” by a Notary Public. **If you have not yet taken the NCCPA certifying exam, submit proof that you are scheduled for the next available exam. Proof of scheduling should also be notarized with a written statement as a “true copy of the original” by a Notary Public. If you have not passed the exam you will be issued a temporary license. Please refer to paragraph 3 of the Physician Assistant Rules at <http://www.maine.gov/sos/cec/rules/02/373/373c002.doc>**
- Request that your two professional references complete the enclosed Employment Verification Forms and send them directly to this Board. If the references listed on Form A are the same individuals who have employed you during the past five years (or if one was a preceptor, if you are applying as a new graduate from a PA program), those individuals may write a letter of confirmation of employment and give a professional assessment of your practice skills, ethics, and morals. Employment history for the past five years will be verified.
- Request that the enclosed Verification of License in another state or province be sent directly to this Board.
- Provide Curriculum Vitae containing a complete employment history for the past five years, including complete mailing addresses. New graduates will list preceptor experience.

### GENERAL INFORMATION

- A. Fees are non-refundable. Include a \$200 fee with Form A for licensure and a \$50 fee with Form C for registration.
- B. The licensure process will take approximately two weeks after all information is received.
- C. Please read the enclosed Chapter 2 Rules. You will be governed by these Rules. The Rules are also online at <http://www.maine.gov/sos/cec/rules/02/373/373c002.doc>
  - 1. Note there is no formulary. **You may not prescribe Schedule II drugs without written approval from the Medical Board.**
  - 2. You are required to have a current Plan Of Supervision available at your work site, upon request.
  - 3. Note that secondary supervising physicians need not be reported to this Board, but they must be listed in your Plan Of Supervision and must accept, in writing, delegation of supervision.
- D. Please be aware that there are two sets of Rules under which you may practice. They are the revised P.A. Rules for Allopathic Medicine and the revised P.A. Rules for Osteopathic Medicine. These Rules have some differences regarding practice ownership. You will be governed by the set of Rules passed by the Board with which you are registered, based on whether your primary supervising physician (PSP) is an M.D. or a D.O.
- E. **Disclosure Statement:** The following statement is made pursuant to the Privacy Act of 1974, Section 7(b). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1976 [42 U.S.C. §405(c) (2) (C) (I)]. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

**Maine Board of Licensure in Medicine**  
137 State House Station  
Augusta, ME 04333-0137  
Phone: 207-287-3601 Fax: 207-287-6590

Employment Verification Form

APPLICANT: Please list your name below and forward this form to your previous employers. Duplicate this form as necessary.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Name of Institution/Practice

To Whom it May Concern:

The individual listed above has made application to be licensed as a Physician Assistant with the Board of Licensure in Medicine. We would appreciate your completing the form below, including your evaluation of the applicant's competence, ethics, and moral character. Please return this form directly to the Board at the address above.

1. In what capacity was the Physician Assistant affiliated with your institution?
  
2. Dates of Affiliation:  
From: \_\_\_\_\_ To: \_\_\_\_\_
  
3. Please assess the professional ability and performance of this applicant.

Date: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Maine Board of Licensure in Medicine**  
137 State House Station  
Augusta, ME 04333-0137  
Phone: 207-287-3601 Fax: 207-287-6590

Employment Verification Form

APPLICANT: Please list your name below and forward this form to your previous employers. Duplicate this form as necessary.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Name of Institution/Practice

To Whom it May Concern:

The individual listed above has made application to be licensed as a Physician Assistant with the Board of Licensure in Medicine. We would appreciate your completing the form below, including your evaluation of the applicant's competence, ethics, and moral character. Please return this form directly to the Board at the address above.

1. In what capacity was the Physician Assistant affiliated with your institution?
  
2. Dates of Affiliation:  
From: \_\_\_\_\_ To: \_\_\_\_\_
  
3. Please assess the professional ability and performance of this applicant.

Date: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Maine Board of Licensure in Medicine**  
137 State House Station  
Augusta, ME 04333-0137  
Phone: 207-287-3601 Fax: 207-287-6590

VERIFICATION OF LICENSE - STATE/PROVINCE OF: \_\_\_\_\_

**APPLICANT:** Complete the top section of this form and mail it to the Board of each state in which you hold or have held a license.  
Please duplicate this form as necessary.

-----  
I am applying for medical licensure in the State of Maine as a Physician Assistant. The Maine Board of Licensure in medicine requires that your Board complete this form in order that I may be considered for licensure.

This is my authorization to release any information in your files, favorable or otherwise, to the Maine Board of Licensure in Medicine.

Print or type full name: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
Address License number Date Issued

\_\_\_\_\_  
City State Zip

**THE SECTION BELOW IS TO BE COMPLETED BY AN OFFICIAL OF THE BOARD**

RETURN TO: \_\_\_\_\_

137 State House Station  
Augusta, ME 04333-0137

This is to certify that the records of the Board of Medical Examiners in the State/Province of

\_\_\_\_\_ indicate that \_\_\_\_\_ was issued a license,  
number \_\_\_\_\_, dated \_\_\_\_\_, which will expire on \_\_\_\_\_, to practice medicine  
on the basis of: \_\_\_\_\_.

Is the licensure current and in good standing? Yes No

Has the holder of this license ever been summoned to appear before your Board? Yes No

Has the holder of this license ever been placed on probation? Yes No

Has the holder of this license ever been suspended or revoked? Yes No

Derogatory information: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**SEAL**

Title: \_\_\_\_\_

This page intentionally left blank for printing purposes.

## Online Exam – Effective in 2011

The Board has directed that all renewing licensees take and pass an open book exam on the Board's licensing rules and policy statements. The exam can be also taken online at <http://www.docboard.org/me/exam>. The exam must be taken every four years. The exam review materials can be read at [http://www.docboard.org/me/licensure/Exam\\_Review.pdf](http://www.docboard.org/me/licensure/Exam_Review.pdf)

### Maine Board of Licensure in Medicine

#### State Licensure Examination

(Revised 1/23/2008)

Applicant: \_\_\_\_\_, PA (please PRINT full name)

**Question #1. True or False - Sexual contact between a licensee and a patient is not misconduct if the patient suggests it.**

True     False

**Question #2. True or False – A patient is never entitled to a copy of his or her own medical record.**

True     False

**Question #3. True or False - Habitual rudeness to patients and or colleagues is potential grounds for Board investigation and /or disciplinary action.**

True     False

**Question #4. True or False – Even if the Licensee (physician or physician assistant) does not belong to the American Medical Association, the AMA code of ethics will be applied to that licensee's behavior.**

True     False

**Question #5. Which of the following statements about Maine's Letters of Guidance from the Board of Medicine to a licensee is true?**

- A. Letters of Guidance are reported to the National Data Bank.
- B. Letters of Guidance are a type of disciplinary action by the Board of Medicine.
- C. Letters of Guidance are a mechanism for the Board to deal with problem licensee behavior that is not serious enough to warrant formal discipline.
- D. Letters of Guidance are absolutely confidential.

A     B     C     D

**Question #6. True or False - Outbursts of anger from licensees caused by stress or lack of rest will be excused as long as the licensee is otherwise competent.**

True     False

**Question #7. True or False - Sexual contact with a patient is not deemed misconduct if it occurred outside the office.**

True     False

**Question #8. True or False -There is little a licensee can do to prevent the diversion of opioids to drug abusers.**

True    False

**Question #9. True or False - If a patient has not paid a bill, the licensee has no obligation to forward records upon request until the bill is paid.**

True    False

**Question #10. True or False - If deemed pertinent to the investigation of a complaint, the Board of Medicine has the authority to insist that a licensee undergo a physical, mental, and/or substance abuse evaluation by an evaluator of the Board's choice.**

True    False

**Question #11. True or False - Licensees do not need to be concerned about rude behavior of their office staff such as the receptionist.**

True    False

**Question #12. True or False - The Board reports all disciplines and practice restrictions to the National Practitioner Data Bank and the Federation of State Medical Boards discipline databank.**

True    False

**Question #13. True or False - Licensees should not prescribe controlled substances for themselves or for family members except in emergency situations.**

True    False

**Question #14. True or False – The sale of goods from the licensee's office raises ethical questions.**

True    False

**Question #15. True or False – If a patient files a complaint and then withdraws it, the Board may still pursue the complaint.**

True    False

**Question #16. A 55-year-old man who recently moved to your area is keeping an appointment in your office during business hours to establish care. He says that he has been prescribed oxycontin and oxycodone for his chronic severe osteoarthritis for the last two years by a Boston Physical Medicine & Rehabilitation doctor. He indicates he has less than a one-day supply of pain medication. He also admits that he was jailed 7 years ago briefly for a "minor offense." He is requesting a prescription for a one-month supply of oxycontin and oxycodone.**

**The best approach here would be:**

- A. Prescribe a one-month supply and wait to see how it goes.**
- B. Insist on contact with the most recent prescriber before acceding to his request. Also check the Prescription Monitoring Program data base operated by Maine's Office of Substance Abuse.**
- C. Explain that osteoarthritis pain is not treated with opioids.**
- D. Presume addiction/diversion is occurring and refuse to prescribe any opioids.**

A    B    C    D

**Question #17. The most appropriate attitude about managing nonmalignant pain is:**

- A. The risk of opioid addiction in long-term pain management is not a concern.**
- B. Use of opioids in long-term pain management requires monitoring for opioid abuse and diversion.**

- C. Opioid treatment should be reserved for terminal situations.
- D. Pain is not a life-threatening problem and therefore does not require urgent attention.

A      B      C      D

**Question #18. If an addicted licensee seeks help by contacting the Maine Medical Association Physician Health Program:**

- A. The Board will view this as grounds for automatic discipline.
- B. The Physician Health Program will immediately make a report to the Board, whether or not there is potential for patient harm.
- C. Appropriate treatment will be offered and monitored confidentially.
- D. The Physician Health Program will immediately make a report to the National Data Base

A      B      C      D

**Question #19. If a Maine licensee is reasonably concerned that a licensed practicing colleague has a substance abuse problem:**

- A. The concerned licensee has a legal obligation to report the colleague either to the Board of Medicine or to the Maine Medical Association Physician Health Program.
- B. The concerned licensee may report the addicted colleague to the Board of Medicine or the Maine Medical Association Physician Health Program, but has no obligation to do so.
- C. There is no obligation to report unless the concerned licensee is aware of adverse patient outcomes as a result of the substance abuse.

A      B      C

**Question #20. Which of the following situations warrant Board disciplinary action?**

- A. The licensee exhibits increased tolerance to a narcotic prescribed by his/her health care provider who is treating the licensee for a painful condition.
- B. The licensee seeks treatment for depression.
- C. The licensee uses a sedative hypnotic or an anxiolytic which is prescribed, documented, and monitored by the licensee's health care provider.
- D. None of the above.

A      B      C      D

**Question #21. If unsure how to answer a question on a licensure application, a prudent course would be to:**

- A. Answer the question putting yourself in the most favorable light.
- B. Call the Board for advice and/or attach an addendum to the application explaining the situation/circumstances.
- C. Skip the question
- D. Guess

A      B      C      D

**Question #22. Which of the following is true?**

- A. A high percentage of chemically dependent physicians and physician assistants respond successfully to treatment and return to full practice.
- B. Heavy alcohol use, if restricted to times when the licensee is not practicing medicine, will have no impact on the licensee's fitness for practice.
- C. Licensees are too intelligent and too informed about drugs and alcohol to get into trouble with them.
- D. The Physician Health Program in Maine is of no assistance in keeping recovering licensees in practice.

A      B      C      D

**Question #23.** You have become concerned that a patient is addicted to, and/or diverting opioids you are prescribing for pain. You have learned that this patient is seeking opioid medication from multiple other providers. Which of the following is **NOT** true?

- A. Opioid abuse /addiction is a potentially life-threatening medical condition.
- B. Maine law supports communicating concern about the patient's opioid abuse and/or diversion to other providers and oversight agencies without the patient's consent.
- C. Diversion of opioids threatens the health and safety of other Maine citizens.
- D. You are obligated to continue prescribing opioids.

A      B      C      D

**Question #24.** Common issues underlying complaints against licensees to the Board of Licensure in Medicine include:

- A. Office staff communication style.
- B. Lack of communication regarding test results.
- C. Poor communication among professionals.
- D. Licensee rudeness.
- E. All of the above.

A      B      C      D      E

**Question #25.** The major focus of the Maine Board of Licensure in Medicine is:

- A. To protect the public health and welfare.
- B. To provide education for licensees.
- C. To provide a readily verifiable source of information for various credentialing bodies.
- D. To provide rehabilitation for ill licensees.
- E. To promote the public image of medicine.
- F. To protect licensees from malpractice suits.

A      B      C      D      E      F

**Question #26.** If a licensee wishes to renew the license in active status and has failed to obtain adequate CME for license renewal, an acceptable course of action would be to:

- A. Delay sending in the application for license renewal until the CME is completed.
- B. Claim CME that is planned even if not yet completed.
- C. Send in the application on time, including an accurate CME report, explain the circumstances around not having completed CME requirements, and request an extension.
- D. Send in your renewal leaving CME information blank.

A      B      C      D

**Question #27.** Primary supervision of a Physician Assistant (PA) involves:

- A. Accepting liability for the medical practice delegated to the physician assistant.
- B. Developing, cosigning and implementing a detailed "plan of supervision" for each site at which the physician assistant is practicing.
- C. Updating the plan of supervision at a minimum every two years with license renewal.
- D. Knowledge of the specific competencies of the physician assistant.
- E. All of the above.

A      B      C      D      E

**Question #28. True or False – A Physician Assistant must obtain Board approval for schedule II prescribing authority in addition to DEA authority.**

True     False

**Question #29. True or False – A licensee whose license is in inactive status may practice medicine and surgery in Maine.**

True     False

**Question #30. True or False – The Board can assist licensees and/or complainants with medical malpractice issues.**

True     False

I affirm that the foregoing answers are mine, and that I alone completed this examination.

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
(Date)

**The following are open-comment questions to help us evaluate this exam.**

**Question #31. Through this experience did you learn anything that will be of value in your practice in Maine?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Question #32. If you have suggestions, questions, or other comments regarding the improvement of this examination, please make them here.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Question #33. Did you review the online Law/Rule/Policy review materials before taking this exam, or did you test your current level of knowledge?**

\_\_\_\_\_ Read the materials first

\_\_\_\_\_ Did not read the materials first