Test Booklet No. _____ **Score:** _____

Nurse Delegation Program Answer Sheet

Date: _____

Testing Location: _____

Instructor: _____

Please complete the identifying information below.

Identify Type of Test You Are Taking Below:

- ☐ Medication Assistant Certification (MAC)
- ☐ Medication Assistant Supervisor (MAS)
- ☐ Medication Assistant Train-the-Trainer (MATT)

_____
LAST NAME **FIRST NAME** **MIDDLE**
(Please print your name as you want it to appear on your certificate.)

_____
POSITION

- ☐ RN License #: _____
- ☐ LPN License #: _____
- ☐ Direct-Care Worker

_____
SUPERVISOR'S NAME

_____
SUPERVISOR'S TELEPHONE NO.

_____
FACILITY/ORGANIZATION NAME

_____
Address

_____
Address

_____
CITY/STATE/ZIP **COUNTY**

Type of Services Provided

- ☐ Mental Illness
- ☐ Mental Retardation
- ☐ Substance Abuse

( ) _____ ( ) _____ ( ) _____
DAYTIME TELEPHONE NUMBER **CELL PHONE NUMBER** **FAX NUMBER**

_____
EMAIL ADDRESS

INSTRUCTIONS

This test is untimed and consists of multiple-choice questions only. On the back of this sheet, mark your answers clearly. For each question, please mark the **best answer** by darkening the square to the right of the item number. **Please mark clearly, selecting only one answer for each question.**

When you have finished, please return **BOTH** this test and this answer sheet to the test administrator.

Answer Sheet

for Nurse Delegation Program

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