

**NYS Mandatory Infection Control Training  
POST TEST ANSWER SHEET**

NAME \_\_\_\_\_ MD      NP      PA

Specialty \_\_\_\_\_ Date \_\_\_\_\_

Cost Center if applicable \_\_\_\_\_ Employee # if applicable \_\_\_\_\_

**Physicians/midlevels send answer sheet to the medical staff office**

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