“ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTS” (A010)
2007 Videoconference Series
Quiz for General CEUs, CAC, CPRP or Social Work Continuing Education Credit (2.0 credit hours)

DIRECTIONS: Complete this test after viewing the web cast of the videoconference listed above.
In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign where indicated on the second page and return both forms by mail to:
  Jennifer Lichok
  WPIC/OERP
  4601 Baum Blvd, Room 178
  3811 O’Hara Street
  Pittsburgh, PA 15213

MULTIPLE CHOICE - Choose the BEST answer to each of the following multiple choice questions.
1. Examples of lifetime course of ADHD symptoms may include which of the following:
   A. Difficulty sustaining attention
   B. Paralyzing procrastination
   C. Poor time management
   D. A & C only
   E. All of the above

2. Impairments that increase in adult ADHD include all of the following EXCEPT:
   A. Parent stress
   B. Smoking and substance abuse
   C. Psychiatric co-morbidity
   D. Legal difficulties

3. Symptoms of ADHD that decline and change from childhood to adulthood include all of the following EXCEPT:
   A. Motoric hyperactivity
   B. Low frustration tolerance
   C. Easily distracted
   D. Restlessness

TRUE/FALSE – Indicate whether the statements below is TRUE or FALSE.
4. Loss of full diagnostic status is equivalent to remission.
   A. True
   B. False

5 In ADHD stimulant treatment, the side effects are generally mild and short lived.
   A. True
   B. False
APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR General CEUs, CAC, CPRP, and Social Work CREDIT ONLY (2.0 CREDIT HOURS)

INSTRUCTIONS: In order for Western Psychiatric Institute and Clinic to record the credit you earn by viewing this program, we request that you follow the directions below:
1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. **Return with payment to:**
   Jennifer Lichok
   WPIC/OERP
   4601 Baum Blvd, Room 178
   3811 O’Hara Street
   Pittsburgh, PA 15213

I hereby affirm that I viewed the Videoconference web cast indicated above:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date Completed</th>
</tr>
</thead>
</table>

**PLEASE PRINT CLEARLY:**

<table>
<thead>
<tr>
<th>Social Security Number (last five digits only)</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone #</th>
<th>Email address</th>
</tr>
</thead>
</table>

**TYPE OF CREDIT: Please Indicate Your Certification Needs**

- [ ] CAC: Certified Addiction Counselor
- [ ] CPRP: Certified Psychiatric Rehabilitation Practitioner
- [ ] CEU: General Continuing Education Credit
- [ ] SW: Social Work

**PAYMENT ENCLOSED:**

- [ ] $30 for CAC, CEU, CPRP or SW credit

**PAYMENT TYPE:**

- [ ] Check #________________________ (Check payable to OERP/WPIC)

- [ ] Credit Card #: __________________________ Expiration Date: __________________________

- [ ] Type of Credit Card: __________________________ Signature __________________________

- [ ] UPMC Account Transfer: Dept. ID: _______________ Account #: __________________________

  Administrator’s Name__________________ Administrator’s Signature_________________________

**PLEASE RETURN WITH PAYMENT TO OERP/WPIC TO RECEIVE CREDIT FOR PROGRAM**

Please mail these two forms to the above address. If your score is 80% or above, you will receive a certificate via mail. If you have any questions please call Jennifer Lichok at 412-802-6915.

For information on our upcoming programs visit our web site at: [http://www.wpic.pitt.edu/oerp](http://www.wpcp.pitt.edu/oerp)