“FAMILY EMERGENCY PLANNING: DISASTER PREPAREDNESS FROM AN ORGANIZATIONAL AND BEHAVIORAL PERSPECTIVE” (A013)  
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

TRUE/FALSE – Indicate whether the statements below is TRUE or FALSE.

1. An example of a disaster would include a:
   A. Tornado
   B. Train derailment
   C. House fire
   D. All of the above

2. A disaster declaration at the local level can be done by the:
   A. Director of the location American Red Cross chapter
   B. Police/Fire chief, Mayor, EMA Director
   C. County Commissioners
   D. Mental Health Disaster Coordinator

3. This phase of a disaster occurs during an event’s impact and immediately following, when intense efforts are put forth towards survival and recovery:
   A. Impact
   B. Heroic
   C. Honeymoon
   D. Disillusionment

4. Disaster response and recovery includes being aware of “special populations” and their needs; an example of a “special population” is:
   A. Elderly people
   B. Pets
   C. People with disabilities
   D. A & C
   E. All of the above

5. The highest level of threat conditions on the color coded Terrorist Activity Scale is:
   A. Yellow
   B. Red
   C. Orange
   D. Blue
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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:

Signature ___________________________ Date Completed ____________

PLEASE PRINT CLEARLY:

Social Security Number (last five digits only) ___________________________ Mailing Address ___________________________

Name ___________________________ City ___________________________ State ___________________________ Zip Code ____________

Phone # ___________________________ Email address ___________________________

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 and SW credit

PAYMENT TYPE:
☐ Check # ___________________________ (Check payable to OERP/WPIC) Expiration Date: ___________________________
☐ Credit Card # ___________________________ Signature ___________________________
   Type of Credit Card: ___________________________ ___________________________
☐ 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 contact Jennifer Lichok at 412-802-6915.

For information on our upcoming programs visit our web site at: http://www.wpic.pitt.edu/oerp