



“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
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3811 O'Hara Street
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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*

<input type="checkbox"/> CAC: Certified Addiction Counselor	<input type="checkbox"/> CPRP: Certified Psychiatric Rehabilitation Practitioner
<input type="checkbox"/> CEU: General Continuing Education Credit	<input type="checkbox"/> SW: Social Work

PAYMENT ENCLOSED:

- \$30 for CAC, CPRP and SW credit only. \$15 for General CEU (not for professional licensure)

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 contact Jennifer Lichok at 412-802-6915.