



**“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



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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***

<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 or 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 call Jennifer Lichok at 412-802-6915.