

## Examination

Please note name and all required information should be accurate as this will be the information used for your certificate. For questions that requires select all that apply; all correct responses must be selected. Please return examination SCORE CARD to email: **trainforsuccessinc@gmail.com**. Certificate will be sent to your email after successful completion (Monday-Friday). CE Credits will be submitted to CE Broker within 24 hr.

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Profession: \_\_\_\_\_

License number (If applicable) Required for CE Broker \_\_\_\_\_

State of License: \_\_\_\_\_



Email: \_\_\_\_\_

## ADVANCE DIRECTIVES 1Hr

[CLICK HERE to pay for course.](#)

**By accessing this course you are agreeing that you have REGISTERED / PAID for access to the course and have agreed to the registration and enrollment policies.**

PLEASE ADD LICENSE NUMBER (If applicable) For quick submission to CE Broker.

LICENSE NUMBER:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	E-Mail:	<input type="text"/>
DATE:	<input type="text"/> 	STATE OF LICENSE:	<input type="text"/> <i>FLORIDA, GEORGIA</i>
TELEPHONE NUMBER:	<input type="text"/>  <i>8632009000 (NO DASHES BETWEEN)</i>	Profession	<input type="text"/> <i>LPN, RN, HHA, PG, OT, SP, Student etc</i>
Name of person or facility on receipt	<input type="text"/> <i>Name of person on transaction receipt</i>	I Agree with Registration policies	<input type="text" value="YES"/>

*Fields in bold are required*

Question 1

**Every competent adult has the right to make decisions regarding his / her own health, which include the right to choose or refuse medical treatment.**

[ADVANCE DIRECTIVES 1 Hr pdf.pdf](#)

☐ True

☐ False

Question 2

**When an individual becomes unable to make decisions due to a mental or physical change, such as being in a coma or developing dementia, they are considered incapacitated.**

☐ True

☐ False

Question 3

**Which of the following statements are accurate?**

☐ A. Only the patient's primary physician can determine if they are incapacitated.

- ☐ B. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives.
- ☐ C. The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures
- ☐ D. By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations are not required to provide their patients with written information, such as this pamphlet, concerning health care advance directives.
- ☐ E. The law recognizes the right of a competent adult to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions and/or to indicate the desire to make an anatomical donation after death.
- ☐ F. The law states that you do not have to be incapacitated to elect a health care surrogate to make your decisions.

Question 4

Types of advance directives include \_\_\_\_\_. Select all that apply.

- ☐ A. Living Will
- ☐ B. Health Care Surrogate Designation
- ☐ C. An Anatomical Donation
- ☐ D. None of the above

Question 5

A written or oral statement about how you want medical decisions made should you not be able to make them yourself is referred to as \_\_\_\_\_.

- ☐ A. Charity

- ☐ B. Advance Directive
- ☐ C. Bid
- ☐ D. All of the above

Question 6

**Anatomical Donation is \_\_\_\_\_.**

- ☐ A. It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself.
- ☐ B. It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers.
- ☐ C. It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions.
- ☐ D. None of the above

Question 7

**Some individuals make advance directives when they are diagnosed with a life-threatening illness.**

- ☐ True
- ☐ False

Question 8

**Some individuals make advance directives / put their wishes into writing while they are healthy.**

- ☐ True
- ☐ False

Question 9

**A written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions is called \_\_\_\_\_.**

- ☐ A. Health Care Surrogate Designation
- ☐ B. Anatomical Donation
- ☐ C. Living will
- ☐ D. None of the above

Question 10

**Under Florida law, you are required to have an advance directive.**

- ☐ True
- ☐ False

Question 11

**An Attorney has to prepare the Advance Directives.**

- ☐ True
- ☐ False

Question 12

**An advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.**

- ☐ True
- ☐ False

Question 13

**After an individual has signed an advance directive he/she cannot change their mind or cancel it.**

- ☐ True
- ☐ False

Question 14

**An advance directive completed in another state, as described in that state's law, can be honored in Florida.**

- ☐ True

☐ False

Question 15

**The individual may change or cancel an advance directive at any time. Any changes should be \_\_\_\_\_. Select all that apply.**

- ☐ A. Written, signed and dated
- ☐ B. By oral statement
- ☐ C. Physical destruction of the advance directive
- ☐ D. By writing a new advance directive.

Question 16

**If the person's driver's license or state identification card indicates that he/she is an organ donor, but no longer want this designation, the individual should \_\_\_\_\_.**

- ☐ A. Wait for the ID or Driver's License to expire
- ☐ B. Contact the nearest driver's license office to cancel the donor designation so that a new license or card will be issued.
- ☐ C. Ignore it because nothing can be done.
- ☐ D. All of the above

Question 17

**A Do Not Resuscitate Order (DNRO) identifies people who want to be resuscitated from respiratory or cardiac arrest.**

- ☐ True
- ☐ False

Question 18

**18. If individuals make changes to the advance directive, it is important that they \_\_\_\_\_.**

- ☐ A. Make sure their health care provider have the latest copy
- ☐ B. Make sure their attorney have the latest copy

- ☐ C. Make sure their significant persons in their life have the latest copy
- ☐ D. All of the above

Question 19

**When the individual designates a health care surrogate and an alternate surrogate, he/ she needs to \_\_\_\_\_. Select all that apply.**

- ☐ A. Ask them if they agree to take this responsibility
- ☐ B. Discuss how you would like matters handled
- ☐ C. Give them a copy of the document
- ☐ D. None of the above

Question 20

**It is important to make sure that the health care provider, attorney, and the significant persons in the patients' life know that they have an advance directive and where it is located. Some acceptable suggestions include \_\_\_\_\_. Select all that apply.**

- ☐ A. Setting up a file to keep a copy of the advance directive
- ☐ B. Keep original papers in a bank safety deposit box
- ☐ C. Keep the advance directives securely hidden so that no one is aware of it
- ☐ D. Keep a card or note in the purse or wallet that states that you have an advance directive and where it is located
- ☐ E. Give a copy to the health care provider, attorney, and the significant persons in the patients' life.