

**MODERATE / DEEP SEDATION COMPETENCY EXAMINATION
FOR PHYSICIANS AND MID-LEVEL PROVIDERS**

ANSWER SHEET

Date:	Please PRINT Name (Last Name, First):	Department Name:	Phone No:
_____ Signature			

Instructions: Please circle the best answer.

- 1. A B C D E
- 2. A B C D E
- 3. A B C D
- 4. A B C D E
- 5. A B C D E
- 6. A B C D E
- 7. A B C D E
- 8. A B C D E
- 9. A B
- 10. A B
- 11. A B
- 12. A B
- 13. A B
- 14. A B
- 15. A B
- 16. A B
- 17. A B
- 18. A B
- 19. A B
- 20. A B