

BRAIN DEATH COMPETENCY EXAM

ANSWER SHEET

Date:	Please PRINT Name (Last Name, First):	Department Name:	Phone No:
<hr/> Signature			

Instructions: Please circle the best answer.

1. A B C D E

2. A B C D E

3. A B C D E

4. A B C D E

5. A B C D E

6. A B C D E

7. A B C D E F

8. A B C D E

9. A B C D E

10. A B C D E