

**Patient Safety from a National  
Perspective  
#05043 / #8356**

1. I verify that I have viewed the video and reviewed the handouts for this independent study activity, and completed the signature and date lines below.

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

Your e-mail address: \_\_\_\_\_  
(for any needed correspondence about the test)

**Please leave scan bubbles 2-20 blank.**

**There is no test for this independent study.** All you have to do on this page is fill in the circles for the session number and your AORN ID number, and give your preferred e-mail address.

**Please note:** The completed Learner Evaluation form for this Activity *must* accompany this completed Answer Sheet in order for you to receive 1.1 contact hours.

These contact hours for AORN members are FREE.

**Answer Sheet**  
Independent Study Activity

**Session Number**

<input type="radio"/>	1	2	3	4	5	6	7	8	9	0
<input type="radio"/>	1	2	3	4	5	6	7	8	9	0
<input type="radio"/>	1	2	3	4	5	6	7	8	9	0
<input type="radio"/>	1	2	3	4	5	6	7	8	9	0

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AORN ID#	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9
	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9
	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9
	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9
	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9
	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9

Fee enclosed \_\_\_\_\_ or bill the credit card indicated  
Charge to:  VISA  MASTERCARD  AMERICAN EXPRESS  
ACCOUNT # \_\_\_\_\_  
EXP DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

1	<input checked="" type="radio"/>	B	C	D	E	
2	<input type="radio"/>	A	B	C	D	E
3	<input type="radio"/>	A	B	C	D	E
4	<input type="radio"/>	A	B	C	D	E
5	<input type="radio"/>	A	B	C	D	E
6	<input type="radio"/>	A	B	C	D	E
7	<input type="radio"/>	A	B	C	D	E
8	<input type="radio"/>	A	B	C	D	E
9	<input type="radio"/>	A	B	C	D	E
10	<input type="radio"/>	A	B	C	D	E
11	<input type="radio"/>	A	B	C	D	E
12	<input type="radio"/>	A	B	C	D	E
13	<input type="radio"/>	A	B	C	D	E
14	<input type="radio"/>	A	B	C	D	E
15	<input type="radio"/>	A	B	C	D	E
16	<input type="radio"/>	A	B	C	D	E
17	<input type="radio"/>	A	B	C	D	E
18	<input type="radio"/>	A	B	C	D	E
19	<input type="radio"/>	A	B	C	D	E
20	<input type="radio"/>	A	B	C	D	E

RN license \_\_\_\_\_ State \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_