American Trauma Society – Continuing Education Quiz Answer Sheet

Please print clearly in black ball point pen.

_____ ____ _____
First Name MI Last name

_____
Address

_____ _____ _____
City State Zip / Postal Code

_____ _____
ATS Membership # (MUST complete if member fee submitted) CSTR Number

Instructions: Mark your answers clearly by filling in the correct answer, like this ■ not like this X. Passing score of 70% entitles one (1) CE Clock hour per quiz.

Please use black ball point pen:

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)
8. (A) (B) (C) (D) (E)
9. (A) (B) (C) (D) (E)
10. (A) (B) (C) (D) (E)

For Internal Use only

Data Received: _____
Amount Received: _____
Notification Mailed: _____

This original quiz answer sheet will not be graded, no CE credit will be awarded, and the processing fee will be forfeited unless postmarked by:

March 31, 2010

Quiz Identification Number:

2010001

ATS Quiz Article:
Recommended Actions to Improve External-Cause-of-Injury Coding in State-Based Hospital Discharge and Emergency Department Data Systems

☐ Processing Fee: **Member $30 Nonmember $45**

☐ Enclosed is an additional $10 processing fee for mail outside of the United States

☐ Payment is due with submission of answer sheet. Make check or money order payable to ATS. Do not send cash. No refunds under any circumstances Please allow 4-6 weeks following submission deadline

Please check one:

☐ Enclosed is a check # _____ (payable to ATS)
☐ Charge to the following card:
☐ MasterCard (16 digits) ☐ Visa (13 or 16 digits)
Card Number: _____
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Mail to: American Trauma Society
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