

Infections in Minimally Invasive Surgery #05043 / #8357

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 1.3 contact hours.

These contact hours for AORN members are FREE.

Answer Sheet

Independent Study Activity

Session Number

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

51571



AORN ID#	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	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 # _____