



North Country Community College

P.O. Box 89, 23 Santanoni Avenue, Saranac Lake, NY 12983-0089 (518) 891-2915 x223

WILDERNESS RECREATION LEADERSHIP PROGRAM

January 31, 2011

Hello WFR Students!

Please find a registration packet enclosed for your wilderness medicine training sponsored by North Country Community College. The following forms and documents are included with this letter:

1. *Registration Form*
2. *NCCC Medical Disclosure Form*
3. *WMA Release of Liability*
4. *NCCC WRL Release of Liability & Assumption of Risk*
5. *NCCC Photo Release*
6. WFR Student Equipment List
7. WMA Functional Position Description for Wilderness Medicine Providers
8. Course Participation Standards

Please read each sheet carefully and sign where indicated. All forms listed in italics above should be signed and returned with your course fee or deposit to: NCCC Records Office, Attn: WFR, P.O. Box 89, Saranac Lake, NY 12983. Confirmation of your course registration will be sent via email or regular mail. If you do not receive confirmation promptly, please contact the NCCC Records Office at 518-891-2915 x689.

Your spot will not be secured for the course until your deposit or fee is received. Upon receipt of the above listed forms and your payment, you will receive further correspondence from the NCCC Business or Records Office regarding the balance on your account.

Once again, if you have any questions regarding your course or any related topics, please feel free to call or e-mail me at 1-888-879-6222 x223 or skearns@nccc.edu. If I am unavailable, please contact the NCCC Records Office at x689. NCCC's WRL program is proud to sponsor your WFR course and we look forward to meeting you this spring!

Thanks,

Stefanie Kearns
Assistant Professor / Director



CENTER FOR LIFELONG LEARNING
North Country Community College - Records Office

P.O. Box, 23 Santanoni Ave.
 Saranac Lake, NY 12983
 Fax: (518) 891-4236

TO BE USED FOR WILDERNESS FIRST RESPONDER 5/15-22/11.

Student must meet criteria on WMA Functional Position Description in order to enroll.

NAME: _____ Birth Date: _____

MAILING ADDRESS: _____
 Number and Street _____

 City _____ State _____ Zip _____

TELEPHONE (Daytime): _____ (Evening): _____

EMAIL: _____

Check all that apply and write appropriate fee in blank to the right:

- NCCC Student HED 160 WFR Course Fee** (\$500 – billed via SP11 semester bill) \$ No fee due at this time
- Non-NCCC Student WFR Course Fee – Non-Credit Option** (\$725 total, \$400 deposit required at time of registration) \$ _____
- Non-Matriculated NCCC Student WFR HED 160 3-credit option** (\$400 deposit required at time of registration; Total cost \$500 course fee + NCCC tuition/fees TBD by the NCCC Business Office – call 518-891-2915 x688 for current tuition rate; must also complete Non-Matric. Registration form) \$ _____

TOTAL DUE \$ _____

Less Deposit (-\$400 minimum) \$ _____

Balance Due \$ _____

Deposit, Payment of Balance and Refunds/ Cancellations:

For Non-NCCC WFR Students only, a \$400 deposit is required at time of registration to secure your space in the course. Fee balance is due in full by 4:30pm, Monday, May 2, 2011. If balance is not paid in full by the deadline and there is a waiting list for the course, student may lose their deposit and seat in the course. Deposit will be refunded in full if course is dropped or cancellation is made by 4:30PM on Monday, May 2, 2011. After May 2, 2011, there will be no deposit refund. Please deliver, fax (518-891-4236) or mail *written notification of course drop or cancellation* to: NCCC Records Office , Attn: WFR, P.O. Box 89, 23 Santanoni Ave., Saranac Lake, NY 12983.

Course fees may be paid by check, money order, cash, Mastercard or VISA. Receipts and final confirmation will be mailed to the mailing address above.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If the student is under 18 years of age, permission of parent or guardian is needed.

PAYMENT METHOD (Business Office Use Only)

Cash _____	Check _____	MasterCard/VISA (circle one) _____
Card # _____	Exp. Date _____	Name of Cardholder _____
Receipt # _____	Amount \$ _____	Date _____ Initial _____

**North Country Community College
Wilderness Recreation Leadership Program**

MEDICAL INFORMATION DISCLOSURE FORM

In the interest of the personal safety of program participants and leader(s), please answer the following questions thoroughly.

PARTICIPANT INFORMATION:

Participant Name: _____ Phone: _____
Address: _____ City, State, Zip: _____
Height: _____ Weight: _____ Age: _____ Gender: _____
Program/ Activity Name: _____ Program Date(s): _____

MEDICAL INFORMATION: (Circle 'Yes' or 'No' and provide additional information where requested. Please be candid).

Yes No **Do you have diabetes, asthma, seizures, or cardiac problems?** If yes, explain.
Explanation: _____

Yes No **Do you use any medications?** If yes, list and identify what condition they are for:
Medication: _____ Dose: _____ Condition: _____
Medication: _____ Dose: _____ Condition: _____
Medication: _____ Dose: _____ Condition: _____
Medication: _____ Dose: _____ Condition: _____

Yes No **Do you have any allergies to the following? Please check.** If checked, describe reaction.
_____ Insects _____ Drug(s) _____ Plant(s) _____ Iodine _____ Food(s)
Explanation: _____

Yes No **Have you ever had any bone, muscle or joint injury?** If yes, describe including current status.
Explanation: _____

Yes No **Have you ever had frostbite or Raynaud's syndrome, circulatory problems, or heat stroke?** If yes describe.
Explanation: _____

Yes No **Do you have any other injuries or medical conditions not identified above?** If yes, list and describe.
Explanation: _____

Yes No **Have you completed any first aid or emergency medical training?** If yes, please list name and date of certification.
Explanation: _____

EMERGENCY INFORMATION:

Insurance Provider: _____ Policy Number: _____
Name of Emergency Contact: _____ Relationship: _____
Address: _____ City, State, Zip: _____
Phone (day): _____ Phone (night): _____

STATEMENT OF VERIFICATION: *By signing below, I verify that the information provided above is a complete and accurate statement of any medical conditions that may affect my participation in this program. I realize that failure to disclose such information could result in serious harm to myself and fellow participants. In addition, I hereby authorize NCCC to disclose, as needed, any and all of my health-related records to: WRL program faculty, group leaders, and staff responsible for wilderness trips and practica; College administrators and staff who have legitimate educational interest in this information; and emergency and other medical personnel in medical or medical emergency situations.*

Signature of Participant: _____ Date: _____

**North Country Community College
Wilderness Recreation Leadership Program**

PHOTO RELEASE

For valuable consideration, I, _____ (Participant's Name), hereby give to and grant to North Country Community College the unrestricted right and permission to use and publish any and all photographs which its employees, assignees, licensees or representatives may have taken of me for any purpose whatsoever, including (but not limited to) illustration, program promotion, publicity, and advertising.

For valuable consideration received, I hereby release North Country Community College from any and all claims and causes of action arising out of use of said photographs of me, including any and all claims for libel.

I am over the age of eighteen, I have read the foregoing and state that I fully understand the meaning of same.

SIGNATURE OF PARTICIPANT _____ DATE _____

**IF PARTICIPANT IS UNDER EIGHTEEN YEARS OF AGE, PARENT OR GUARDIAN
MUST READ AND SIGN BELOW:**

I am the legal guardian of the above minor and have read the above PHOTO RELEASE. I hereby consent to the terms of the PHOTO RELEASE on behalf of the named minor.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE _____

**WILDERNESS MEDICAL ASSOCIATES, USA (WMA)
North Country Comm. College ('Sponsor')
COURSE PARTICIPATION RELEASE AND INDEMNITY AGREEMENT**

I understand that participation in one of WMA's courses and programs in wilderness medicine (the "activities") involves inherent risks and dangers, including hazards associated with training in an outdoor environment that may include heat, cold or altitude or uneven terrain, and participating in training exercises in outdoor areas that are remote (although accessible) and, as in all outdoor activities, are inherently dangerous. I understand that such activities are often physically and emotionally demanding. I further understand that I will be participating in emergency medical training scenarios with other students under circumstances where accidents, mistakes or other circumstances may result in injury to me. To enable WMA to provide its courses and programs and to allow *Sponsor* to sponsor the same and as partial consideration for my participation in such courses and programs:

1. I voluntarily choose to participate in the activities and accept and assume the risk of bodily injury, death or property damage occurring while participating in them notwithstanding such risks and dangers.

2. I, for myself and my heirs, successors, assigns and personal representatives, hereby absolve, release and discharge WMA and Sponsor, their respective agents, employees, officers, directors, volunteers and successors and assigns (hereinafter referred to individually or collectively as "Releasees") from any blame or liability or causes of action whatever, whether based on tort, contract, express or implied, or any other theory, arising from, or on account of, property damage, economic loss, personal injury or death, related to or arising from my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons.

3. I further hereby covenant not to sue and agree to indemnify and hold harmless Releasees from any liability or causes of action whatsoever arising from property damage, economic loss, personal injury or death, related to my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons and including, without limitation, liability for loss of consortium which may be asserted by my spouse or others, and agree to pay the legal fees and expenses of Releasees associated with the defense of any claims brought in violation of this Agreement.

Provided, however, that nothing herein shall operate to preclude me from making a claim for workers compensation if I would be entitled to make such a claim in the absence of this Agreement.

4. This Agreement shall be governed by the laws of the State of Maine. By signing this Agreement I further agree that the State of Maine will be the exclusive jurisdiction in which I may bring any suit related to or arising out of the activities. This Agreement shall be binding on me and on my heirs, successors, assigns and personal representatives. If any provision herein is invalid or unenforceable, in whole or in part, that shall not affect the validity or enforceability of any other provision.

CAREFULLY READ BEFORE SIGNING!

Participant Signature: _____

Printed Name: _____

Date: _____

If participant is under 18, must also be signed by parent or legal guardian.

Parent or Legal Guardian Signature: _____

Printed Name: _____

Date: _____

**North Country Community College
Wilderness Recreation Leadership Program**

SAFETY AND RISK MANAGEMENT

Safety is a fundamental part of North Country Community College (NCCC) outdoor programs. Safety is taught and practiced on every outdoor program offered by NCCC. Despite operating to the best of our capabilities, the possibility of an accident still exists. NCCC cannot – nor can anyone – reduce that possibility to zero.

Before you attend the field portion of your outdoor program, thoroughly read all program materials, and contact your instructor if you have any questions. The Acknowledgement of Risk statement (below), Release of Liability form (on back of this page), and the Medical Information form must be completed and signed before you can attend the field portion of your class or program.

ACKNOWLEDGEMENT OF RISK

In consideration of the services of North Country Community College, employees, instructors, representatives or agents and all other persons or entities acting in any capacity on their behalf (collectively referred to as NCCC), I agree as follows:

I acknowledge that HED 160 Wilderness First Responder, May 15-22, 2011 (Class or Program Name and dates) entails known and unanticipated risks which cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death.

I understand that NCCC does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks:

NCCC outdoor programs camp and travel out of doors, where participants are subject to numerous risks, environmental and otherwise. Activities vary from program to program. In the backcountry, meals are prepared over gas stoves and water requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness. NCCC outdoor programs occur in remote places, many hours from medical facilities. Communication and transportation can be difficult and sometimes evacuations and medical care may be delayed. Travel is by vehicle, canoe, kayak, skis, on foot and by other means, over rugged unpredictable terrain, including stream crossings, snow and ice, steep slopes, slippery rocks and downed timber. Environmental risks and hazards include rapidly moving, deep or cold water, insects, falling or rolling rock or ice, lightning, avalanches, floods and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions. Decisions are made by the instructor(s) and participants in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. *Throughout the course, participants are responsible for their own safety and for the safety of other members of their course, particularly in situations where they are away from the instructor or the rest of the group, such as while bathing or using the bathroom.*

I am aware that NCCC programs include risks of injury or death to myself. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I expressly agree and promise to accept and assume all the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above named minor and have read the above ACKNOWLEDGEMENT. I hereby consent to the terms of the ACKNOWLEDGEMENT on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of NCCC on the terms stated.

SIGNATURE OF PARENT/GUARDIAN _____

PRINT NAME OF PARENT/GUARDIAN _____ DATE _____

**North Country Community College
Wilderness Recreation Leadership Program**

RELEASE OF LIABILITY

By signing below, I acknowledge that the outdoor recreational activities associated with the above described program to be conducted by North Country Community College, (NCCC) may be hazardous, and may result in loss, damage or death;

With full knowledge of these dangers, I hereby agree for myself, all of my family members and heirs to RELEASE NCCC and any of its employees, instructors, officers, directors, governors, or agents liability claims demands or any causes of action and agree NOT TO MAKE ANY CLAIM against NCCC or any of its chapters, representatives or agents whatsoever which may arise during my participation in HED 160 Wilderness First Responder, May 15-22, 2011 (Class or program name and dates).

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death results, in whole or in part from the negligence of NCCC, or any of its agents, employees, officers, instructors, guides, directors, governors, or trip leaders. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonable and careful person would not do, under the same circumstances, to protect himself, herself or others from injury or death.

I assume full responsibility for my personal injuries, including injuries resulting in death, which might occur as a result of my own negligence and/or the negligence of lack of care of NCCC, its employees, instructors, groups, representatives or agents.

I agree to be solely responsible for my own safety and to take every precaution for my own safety and well-being while participating in HED 160 Wilderness First Responder, May 15-22, 2011 (Class or program name and dates).

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the above-named minor, and give my consent to the participation of the above-named minor in the outdoor recreational activities of NCCC.

SIGNATURE OF PARENT/GUARDIAN _____

PRINT NAME OF PARENT/GUARDIAN _____ DATE _____

NCCC STUDENTS ONLY!

NCCC CODE OF CONDUCT

I have read, understand and agree to follow the behavior guidelines set forth in the North Country Community College Code of Conduct. I understand that I must abide by all terms of the Code of Conduct during College sponsored off-campus activities including outdoor programs. Particularly, I realize that I must obey the Drug and Alcohol Policy and that failure to do so may result in my dismissal from the Wilderness Recreation Leadership Program or North Country Community College. I realize that if I fail to abide by these or any other terms of the Code of Conduct, I will be subject to all penalties and disciplinary actions described therein.

SIGNATURE OF STUDENT _____

PRINT NAME OF STUDENT _____ DATE _____



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WILDERNESS RECREATION LEADERSHIP PROGRAM

WFR EQUIPMENT LIST

Outdoor Gear***

- Water/Windproof Jacket
- Water/Windproof Pants
- Long Underwear Top
- Long Underwear Bottom
- Fleece / Wool / Primaloft Jacket (Insulating)
- Fleece Pants
- Fleece / Wool Mittens or Gloves
- Fleece / Wool Hat (must cover ears)
- Wool / Blend Socks (no cotton)
- Sturdy Hiking Boots
- Headlamp
- Backpack (Large enough to carry essentials for day hike including extra clothing, water, etc.)
- 2 Water Bottles
- Brimmed Hat (Sun Protection)
- Any equipment you might like to use on your day off... climbing gear, boat, bike, etc.

**** During the Adirondack spring and fall seasons, weather is unpredictable and temperatures can drop below 40*. Please bring plenty of warm clothes and be prepared to spend lengthy periods of time outdoors in all kinds of weather.**

Classroom

- Notebook
- Pen / Pencil
- Old set of clothes which can be cut off or stained by make-up for simulations (loose shirt and pants)
- Watch with second hand (for pulse and respiration rates)
- (Insulated) Coffee Mug (self-serve coffee/tea service available)
- Crazy Creek Chair (optional)
- Index Cards to make study aids (optional)

Miscellaneous

- Sunscreen
- Bug Repellent
- Personal Care Items (soap, toothpaste, toothbrush, etc.)
- Medications
- Extra glasses or contact lenses

Cooking/Lodging/Facilities

NCCC does not provide lodging. Lodging information can be found at www.saranaclake.com. If you plan to camp, please bring all necessary camping gear. NCCC Residence Halls will not be open at this time; if you are currently residing there, please be prepared to arrange alternate housing. Dining hall facilities will not be available; grocery stores, restaurants and take-out are located a short distance from campus. NCCC gymnasium and library facilities will be open for limited hours during your course.

A public telephone and wireless internet access are available on the NCCC campus. Several public laundry facilities are available in the town of Saranac Lake.

**IF YOU HAVE ANY QUESTIONS ABOUT WHAT TO BRING,
PLEASE CALL STEF AT 518-891-2915 x223 or E-MAIL skearns@nccc.edu.**

WILDERNESS MEDICAL ASSOCIATES®

Functional Position Description for Wilderness Medicine Providers

The following qualifications, competencies and tasks are required of wilderness medical providers. Wilderness medical certification will only be issued to those students who fulfill these requirements. Students who participate in a course and pass all written and practical exams but do not meet the following qualifications, competencies and tasks may receive a Letter of Successful Completion in place of a certification.

Qualifications

1. You must be at least 18 years of age on the first day of the course. If you are under 18 years of age but at least 16 years of age on the first day of the course, written proof of parental consent must be provided by the first day of the course. Generally, a high school education or equivalent is necessary to master the knowledge and skills required of wilderness medicine providers.
2. You must be able to communicate orally via radio and telephone. You must have the ability to interpret written, oral, and diagnostic form instructions. You must have the ability to read English language manuals, road maps, and road signs (U.S. courses only). You must have the ability to calculate medication dosages based on body weight/mass. You must have the ability to interview patients, family members, and bystanders. You must have the ability to document all relevant information in the prescribed format. You must have the ability to converse in English with co-workers and other rescue personnel (U.S. courses only). You must be able to perform the physical and diagnostic skills required for the level of certification. This includes determining blood pressure and lung sounds (WFR, WEMT and WALST™ certification levels).
3. You must have the ability to assist in lifting, carrying and balancing a person weighing up to 300 pounds (136 kilograms). You must possess good manual dexterity, with the ability to perform all tasks related to the highest quality patient care. You must have the ability to access another person on uneven terrain; to work in confined spaces; and to withstand extreme environmental conditions.
4. You must have the ability to use good judgment and remain calm in high stress situations.
5. You must successfully complete both written exams and practical skills performance and testing conducted by Wilderness Medical Associates.

Competency Areas

1. You must demonstrate competency in assessing a patient, handling emergencies, and utilizing Basic Life Support equipment and procedures to the level of certification.
2. You must be able to assess lung sounds at the WFR, WEMT and WALST™ certification levels.
3. You must demonstrate the ability to perform CPR, control hemorrhaging, properly assess and stabilize an injured spine, manage fractures and other musculoskeletal injuries, reduce simple dislocations, cleanse and dress wounds, and manage environmental emergencies.

Description of Tasks

This is a generalized summary of tasks a wilderness medical care provider may perform.

Perform all skills related to the highest patient care while using discretion and professionalism. This includes but is not limited to acknowledging and practicing respect for the patient's rights and privacy.

- Determines the nature and extent of illness or injury, measure pulse rates and blood pressure, assesses respiratory status (including determining lung sounds at the WFR, WEMT and WALST™ certification levels), observes changes in skin color, searches for medical alert identification. Establishes priority for emergency care. Renders appropriate care to competency level.
- Accesses and assists in the extrication of a patient from an entrapment. Is knowledgeable and able to use or assist in the use of accepted rescue and medical techniques, procedures, and devices as needed. Assists in evacuating patient to an ambulance or medical facility. Uses accepted emergency medical techniques, procedures, and devices.
- Reports nature and extent of illness or injury to ambulance personnel or receiving facility via radio. Establishes on-line medical control as needed. Continually reassess patient during evacuation and provides care as needed.
- Be able to work in extreme environmental conditions and various terrains.
- Documents and reports both orally and in the prescribed format to ambulance or hospital personnel.

WILDERNESS MEDICAL ASSOCIATES®

Course Participation Standards

Students frequently ask us if it is okay to miss a portion of their course. We recognize that scheduling conflicts are often unavoidable. We ask our students to recognize that in order to maintain a high quality certification we must set high standards for course participation. This means that even students who have very good reasons for missing a portion of a course may lose the chance for certification.

1. What portion of a course must a student attend in order to be certified?

100% attendance is required. Absences for any course material places certification at risk.

2. What options are available to a student who misses the introductory lecture?

The introductory lecture (the first topic covered on the first day of class) is required in order to pass the course. Students who miss this lecture will not be allowed to participate in this class. Refunds will be subject to the cancellation policy of the sponsoring organization.

3. If a student is absent for a portion of the course, is it possible to make up the missed material?

In general, any student missing more than 2 hours of any course will not be eligible for certification in that course. It is up to the instructor's discretion whether the student may continue. If the instructor allows the student to stay on the course, it is up to the student to make up the missed material before the course is over.

4. Will a refund be issued for the course if the student is asked to leave?

Wilderness Medical Associates will issue no refund to the student. Check with the sponsoring organization's cancellation policy for their refund policy.

5. How many hours per day are students expected to devote to their course?

At least eleven hours a day, not including meals, are spent on the course. Approximately nine hours (not including meals) will be spent in class. Two hours or more will be devoted to homework each evening. It is not possible to be involved in any significant activity outside of the course.

6. On courses that include meals, how much may students participate in meal preparation?

Sponsors are told that, with the exception of breakfast, students should not be involved in food preparation. Students may, however, be expected to help with clean up of all meals.

7. How much pre-course preparation is recommended?

Students on recertification courses are urged to read their textbooks before their course. Course sponsors may request textbooks in advance, which they can distribute to students who have sent in their deposit.

8. What is the minimum length of each course?

WFR: 5, 7 or 8 full days; WEMT Upgrade: 6 full days; WAFA: 4 full days; WAFA to WFR Bridge: 4 full days; WALST™: 1 partial and 4 full days; Challenge™/Recertification: 3 full days; Recert: 2 full days; WFA: 1 full day, though most are 2 full days. Courses broken up into evening sessions and partial days are discouraged.

9. If a student already has CPR certification may he or she miss the first day of a WFR?

No. Much more than CPR is covered on the first day and each course may not arrange topics in the same order.

10. Who may participate in Recertification courses?

Recertification students must have a current certification card from WMA™. To maintain current certification, WMA graduates must recertify in an approved course every three years. There is no grace period. If CPR certification is not part of the course, evidence of a current BLS-CPR (including two rescuer CPR) certification must be presented to the instructor or the Wilderness Medical Associates office before a recertification card will be issued. WEMT recertification students must hold a current State EMT license. Request our *Recertification Answer Sheet* for more detailed information.