



2019 Provider Annual Training Answer Sheet

Date: _____

Provider Name (Please print): _____

Provider Signature: _____

Provider ID # (Assigned by Evergreen): _____

Submit your completed answer sheet to ECCI by no later than **Friday, September 27, 2019**
(Do not fax or e-mail this form).

Please circle your answers

1) A B C D

2) A B C D

3) A B C D

4) A B C D

5) A B C D

6) A B C D

7) A B C D

8) A B C D

9) A B C D

10) A B C D

11) A B C D

12) A B C D

13) A B C D

14) A B C D

15) A B C D

16) A B C D

17) A B C D

18) A B C D

19) A B C D

20) A B C D