

POST COURSE LEARNING ASSESSMENT ANSWER SHEET

At the end of each of the courses section you can find a post course learning assessment. Answer the assessment questions at the end of each section using the answer grid below to record your answers. Print this sheet and select only **one** answer for each question by filling in the box next to the correct answer. After completing the post course learning assessments for each section click on the link in the box at the bottom of this page to open the online quiz. Enter the answers on this sheet into the online quiz. You can also open the online quiz by returning to the web page where you opened this training booklet and click on the start online quiz button You can also call and give your answers over the phone, or you can mail in this completed answer grid, along with the completed licensee Information page in the back of the course booklet and your course fee payment, check or money order. Mail to the address at the bottom of the licensee Information page.

1- HIV/AIDS AND OTHER DISEASES

- | | | | | |
|-----|------|--------------------------|-------|--------------------------|
| 1. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 2. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 3. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 4. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 5. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 6. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 7. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 8. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 9. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 10. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 11. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 12. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |

2- SANITATION, STERILIZATION & NCAC

SALON REQUIREMENTS

- | | | | | |
|-----|------|--------------------------|-------|--------------------------|
| 13. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 14. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 15. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 16. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 17. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 18. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 19. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 20. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 21. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 22. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 23. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 24. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |

3- OSHA FOR THE NORTH CAROLINA SALON

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|-----|------|--------------------------|-------|--------------------------|
| 25. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 26. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 27. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 28. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 29. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 30. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |

**[CLICK HERE TO OPEN THE
ELECTRONIC ONLINE QUIZ](#)**