**VERMONT DEPARTMENT OF MENTAL HEALTH**

**Commissioner Designation as a Physician/APRN Who Can Complete the Physician’s Certificate (First Certification)**

**Quiz**

Please answer the following questions after you have attended the QMHP classroom training or have completed the on-line training.

1. By completing the First Certification on an individual, you as the physician/APRN may be required to testify at a court hearing regarding your determination.

True  False

1. Dangerousness to self means that the person has behaved in such a manner as to indicate that patient is unable, without supervision and the assistance of others, to satisfy the need for nourishment, personal or medical care, shelter, or self-protection and safety, so that it is probable that death, substantial physical bodily injury, serious mental deterioration or serious physical debilitation or disease will ensue unless adequate treatment is afforded

True  False

1. As a physician/APRN, you can rely on the Qualified Mental Health Practitioner’s (QMHP) assessment and simply note that you concur with that assessment on the Physician’s Certificate form.

True  False

1. The three elements of assessment to determine whether or not a person is in need of treatment are:

Criminal behavior, substance intoxication and absence of less restrictive options

Mental illness, developmental disability and dangerousness

Mental illness, danger to self or others and absence of less restrictive alternatives

Criminal behavior, danger to self or others and absence of less restrictive alternatives

1. An Application for Emergency Examination/Physician’s Certificate for involuntary admission to a hospital can be done even if a competent patient agrees to voluntary admission for the appropriate care.

True  False

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_