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Genesis Biosystems DermaFrac™ Training Test Contact Information and Answer Sheet

Answer sheet to only be used for the training test marked DFR-EXA-001A

Please complete your personal information below:

Privacy Notice:

The personal information requested will not be used for any other purpose than maintaining a record of your training with Genesis Biosystems, Inc. and shall not be disclosed to any outside organization.

Company Name: _____ Account ID: _____

Mailing Address: _____ Phone #: _____
 (City, State, Zip)

Email Address: _____

Customer Signature: _____ Date: _____

Testing Coordinator Signature: _____ Date: _____

Please print the following information to be displayed on issued certificate:

 First Name M.I. Last Name Title/Position

Please Circle: Are you a licensed [M.D] [R.N] [L.V.N] [D.D.S] [P.A] [Esthetician] [Other: _____]

Please fill in the boxes for the answer to each corresponding question:

Section 1 Multiple Choice

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
21.	A	B	C	D

22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D
26.	A	B	C	D
27.	A	B	C	D
28.	A	B	C	D
29.	A	B	C	D
30.	A	B	C	D

31.	A	B
32.	A	B
33.	A	B
34.	A	B
35.	A	B
36.	A	B
37.	A	B
38.	A	B
39.	A	B
40.	A	B

Section 2 True or False

For Internal Use Only:

Test Score: _____ Account ID: _____ Certificate Number Issued: _____