

Please select the **best** answer for the following question. This question must be answered correctly to become certified:

Question 1

I have reviewed the requirements of the Clozapine REMS Program.

- A. Yes
- B. No

Please fax this *Clozapine REMS Knowledge Assessment for Prescriber Designees* to the Clozapine REMS Program at 844-404-8876. Print your full name and NPI below so we can correctly associate your progress with your program record.

Name: _____ NPI: _____ Fax: _____