

CERTIFICATION RENEWAL CREDIT QUIZ

	IAQ Radio Program # on	(date)
	Guest(s):	(guest names)
	ections: Please answer the questions below. You will need to credit for this show. Print your name, sign and date the	
	Training Cor IAQ Training Institute LL	n .C
	IAQ Training Institute, LL 333 South Shore Trail, Central City Phone: 866-427-4727 • Fax: 814- Email: joe.hughes@iaqtraining	, PA 15926 754-4093
1.)	What are the guest(s) occupation?	
2.)	Please describe something that you learned from the gue (one or two sentences, two points).	ests on this program
3.)	Please describe something that you already knew that w program (one or two sentences, two points).	as re-enforced by the guests on this
4.)	What question or comment would you like to direct to the about subjects discussed during this episode (one sente	•

5.)	Please rate the education value of this show. Must be answered no points awarded.		
	Poor		
	Average		
	Good		
	Excellent		
6.)	How did you listen to the episode? One point		
	Live		
	Streamed after show		
	Downloaded after show		
	Other		
7.)	Please suggest the name of a guest or a topic for a future show? (1 point extra credit)		
l	(print name)		
verify	that I listened to IAQ Radio episode(episode number) and answered these questions.		
Signa	ature: Date:		