

**CPHQ EXAMINATION
DRAFT EXAM QUESTION SUBMISSION FORM**

Directions: Please NEATLY PRINT the information requested for all blank lines. Use the exam content outline to identify the content category. Indicate the major content category and subcategory your question is intended to test. Be sure to indicate the correct answer on the blank below. True/False and "All..." or "None of the above" or "A and B are correct" type answers are not acceptable. Each question accepted for HQCB review earns 1.0 CE hours for the writer toward CPHQ recertification.

Note: a maximum of 5 questions per recertification cycle will be accepted.

_____ Correct answer letter key _____ Cognitive level (R = recall; AP = application; AN = analysis)

This question applies to the exam outline major content area _____

Subcategory area _____

Text: _____

Answer A: _____

Answer B: _____

Answer C: _____

Answer D: _____

Reference: _____

Submitter's Name: _____ CPHQ # _____

E-Mail Address _____

Test Development notes: _____

Make as many copies of this form as needed. Write each question on a separate page. Mail to HQCB, P.O.Box 19604, Lenexa, KS 66285-9604 Phone: 1-913-895-4609, Toll free: 1-800-346-4722, Fax: 1-913-895-4652