

IHS Continuing Education Test

1: Who should assist you in writing your business plan:

- A: Doctor
- B: Accountant
- C: Competitor
- D: Neighbor

2: What is one reason you should write a business plan?

- A: To request a loan
- B: To show your friends
- C: You don't really need one
- D: Your association requires it

3: How much time should you allow to write your business plan?

- A: 10 minutes
- B: Two days
- C: Several weeks
- D: 1 year

4: Name one of the three sections of the business plan:

- A: Computer Needs
- B: LACE
- C: Missing Links
- D: Supporting Documents

5: Which person should verify your business plan?

- A: Mentor
- B: Relative
- C: ENT
- D: IT Professional

6: How many competitors should you list in your business plan?

- A: One (1)
- B: Four (4)
- C: One hundred (100)
- D: None

7: What is the age demographic target market for a hearing instrument business?

- A: 18 and under
- B: College age
- C: 65+
- D: Everyone

8: Which document should not be in your business plan?

- A: Balance sheet
- B: Statement of cash flows
- C: Resume
- D: Recent receipts for purchases

9: How many references should you include in your business plan?

- A: Three (3)
- B: Twelve (12)
- C: Zero (0)
- D: One (1)

10: What personal information shouldn't be included in your business plan?

- A: Age
- B: Religion
- C: Marital Status
- D: Name of children

For continuing education credit, complete this test and send the answer section at the bottom of the page to:

**International Hearing Society
16880 Middlebelt Rd., Ste. 4
Livonia, MI 48154**

- After your test has been graded, you will receive a copy of the correct answers and a certificate of completion.
- All questions regarding the examination must be in writing and directed to IHS.
- Credit: IHS designates this professional and development activity for one (1) continuing education credit.
- Fees: \$29.00 IHS member
\$59.00 non-member
(Payment in U.S. funds only)

BUSINESS PLAN WEBINAR

Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email _____

Office Telephone _____

Last Four Digits of SS/SI# _____

Professional and/or Academic Credentials _____

Please check one: \$29.00 (IHS member) \$59.00 (non-member)

Payment: Check Enclosed (payable to IHS)

Charge to: American Express Visa MasterCard Discover

Card Holder Name _____

Card Number _____ Exp Date _____

Signature _____

ANSWER SECTION

(Circle the correct response from the test questions above.)

- | | |
|--|---|
| 1. <u> A </u> <u> B </u> <u> C </u> <u> D </u> | 6. <u> A </u> <u> B </u> <u> C </u> <u> D </u> |
| 2. <u> A </u> <u> B </u> <u> C </u> <u> D </u> | 7. <u> A </u> <u> B </u> <u> C </u> <u> D </u> |
| 3. <u> A </u> <u> B </u> <u> C </u> <u> D </u> | 8. <u> A </u> <u> B </u> <u> C </u> <u> D </u> |
| 4. <u> A </u> <u> B </u> <u> C </u> <u> D </u> | 9. <u> A </u> <u> B </u> <u> C </u> <u> D </u> |
| 5. <u> A </u> <u> B </u> <u> C </u> <u> D </u> | 10. <u> A </u> <u> B </u> <u> C </u> <u> D </u> |