

BRONCHOSCOPY FELLOW TEST – ANSWER SHEET

NAME:.....

Program (Choose one):

- PCCM
- Critical Care (alone or combined with other subspecialties, including EM-IM)

Year of Fellowship Training (only for **PCCM fellows**):

- First year
- Second year
- Third year

ANSWERS

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|------|------|
| 1 – | 11 – |
| 2 – | 12 – |
| 3 – | 13 – |
| 4 – | 14 – |
| 5 – | 15 – |
| 6 – | 16 – |
| 7 – | 17 – |
| 8 – | 18 – |
| 9 – | 19 – |
| 10 – | 20 – |