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**PTC ITEM SUBMISSION FORM**

**Name:**

**Examination Name: NACCM – Care Manager Certification Exam**

**Email Address:**

**Phone Number:**

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| **Stem:** |  |

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| **1.** |  |

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| **2.** |  |

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| **3.** |  |

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| **4.** |  | | |
| **Key/Correct Answer:** | | | **Content Code:** |
| **Reference #1** | |  | |
| **Reference #2** | |  | |