



ARIZONA – FORM 1511AZ ACTOR / WRITTEN TEST PROCTOR TRAINING AFFIDAVIT

I hereby swear that I, as a certified NA RN Observer testing Nurse Aide Candidates in the State of ARIZONA, have reviewed the Actor training material with the Actor named herein and/or the Written Test Proctor training material with the Written Test Proctor named herein:

Observer Name (please print): _____ Date: ____/____/____

RN Observer SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

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I hereby swear that I, as a NA Skill Test Actor or Written Test Proctor, have reviewed the Actor training material and/or the Written Test Proctor training material with the RN Observer named above, and I understand and will abide by the material presented:

Actor Name (please print): _____ Date: ____/____/____

Actor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

Written Test Proctor Name (please print): _____ Date: ____/____/____

Written Test Proctor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

(Sign both places if you are certifying as both an Actor **and** a Written Test Proctor.)

I UNDERSTAND THAT AS AN ACTOR OR WRITTEN TEST PROCTOR, THAT I WILL NOT BE ABLE TO SIT FOR THE CNA TEST FOR SIX (6) MONTHS FROM THE DATE THAT I LAST WORKED AS AN ACTOR OR WRITTEN TEST PROCTOR.

ACTOR SIGNATURE DATE

WRITTEN TEST PROCTOR SIGNATURE DATE

RN TEST OBSERVER SIGNATURE DATE