



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609

800-393-8664 – Fax: 406-442-3357

www.hdmaster.com

*Innovative, quality
technology solutions throughout
the United States
since 1985.*

ARIZONA WebETest[®] Instructions

FOR TRAINING PROGRAMS AND INSTRUCTORS



**PROVIDED BY: HEADMASTER LLP - D&S DIVERSIFIED TECHNOLOGIES LLP
SEPTEMBER 2012**

ARIZONA WEBETEST© INSTRUCTIONS

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HEADMASTER LLP – D&S DIVERSIFIED TECHNOLOGIES LLP
Arizona Program Manager: Teresa Whitney
P.O. Box 6609, Helena, MT 59604-6609
TOLL FREE: 1-800-393-8664 – FAX: 1-406-442-3357
Email: hdmaster@hdmaster.com

TAB 1

Headmaster Home Page

and

Candidate Identification Requirements

On-Line CNA Practice Exams

Order an individual test or set up a group testing account.

Complete an exam from an individual membership.

Begin or complete an exam from a group account.

Try your luck with today's free question of the day.

Try our free ten item sample test.

Find out more about content, pricing, ordering and use.

See what customers have said about the practice exam!

Forgot your pin? Click here!
(New 11/15/2011)

View your scheduled exam
Please click [here](#) to see where and when your next test is scheduled.

Licensing/Certification		Software	Hardware/Networking
			
<p>Nurse Aide</p> <p>ARIZONA</p> <p>MONTANA</p> <p>NEW HAMPSHIRE</p> <p>NORTH DAKOTA</p> <p>NEW JERSEY SKILLS</p> <p>OHIO STNA</p> <p>OKLAHOMA</p> <p>OREGON</p> <p>SOUTH DAKOTA</p> <p>TENNESSEE</p> <p>UTAH</p> <p>VERMONT</p>	<p>Medication Assistant</p> <p>ARIZONA CMA</p> <p>ARKANSAS CMA</p> <p>MASSACHUSETTS MAP TESTING & REGISTRY</p> <p>MONTANA MA I & II</p> <p>OHIO CMA</p> <p>OREGON CMA</p> <p>Lead Abatement</p> <p>OHIO LEAD</p> <p>Facility Administrator</p> <p>IDAHO</p> <p>Sample CNA/STNA Training Reports</p>	<p>On-line Testing</p> <p>WebETest ©, one of our web-based software packages, is used in conjunction with Testmaster© to register candidates, deliver content, and submit exam results to regulatory agencies and registries for these on-line testing clients: Utah, Iowa, Ohio, North Dakota, Montana, Tennessee, Ohio Lead, Oklahoma, Oklahoma Home Health, Oklahoma Insulin, Oklahoma Med Aide, New Jersey CNA, Idaho AL Fac Admin</p> <p>Additional Services</p> <p> Caregiverlist connects your job application with licensed senior home care agencies, nursing homes and assisted living communities in your area who are hiring. Caregiverlist's database allows hiring companies to easily find the applicants who meet their staffing needs. Caregiver Job Applicants may also learn about policies, pay and background check laws in their state and share their caregiving story on Caregiverlist.</p>	<p>Our technical staff can assist you in finding, implementing, and maintaining the hardware solutions that are right for you. Our computers are ISO 9002 Certified and we specialize in network installation and maintenance. Ask Chad or Loren about a Linux server!</p> <p style="text-align: center;">Order hardware and software direct!</p> <p>Development</p> <p>Do you have exams, surveys, or data that you would like to make available on line? We can provide you with a data host, software, and the technical assistance...</p> <ul style="list-style-type: none"> • job analysis, • webpage design, • item writing workshops, • on-line item development, • psychometric evaluation <p>...required to make that happen. Try the CNA sample test to the left, and imagine how we could implement your exams.</p>

Driven by these [core beliefs](#) we have been providing **quality, innovative, customized** testing, certification, and registry solutions since 1992. We take great pride in our content, delivery methods, and service, and if your regulatory agency has a certification dream, we can make it happen! Select your state or agency for testing details.

[Company History](#) [Calendar](#)

Click on ARIZONA

ARIZONA Web Page



Important!
AZBN CNA Exam Changes Effective 2-1-2012

Candidate Forms	Training Programs	Observer Forms	Contacts
<p>Three Month Test Schedule</p> <p>Printer Friendly Test Schedule</p> <p>Arizona CNA Application Form 1101</p> <p>Arizona CNA Scheduling & Payment Form 1402</p> <p>Candidate Handbook</p> <p>Nursing Student Waiver Request</p> <p>Military-Foreign Nursing Graduate Waiver Request</p> <p>ADA Accommodation 1404</p> <p>Now Available</p> <p>Schedule / Re-Schedule</p> <p>On-line Test RESULTS</p>	<p>WebETest © On-line Testing</p> <p>WebETest © Start Page</p> <p>WebETest © Instructions</p> <p>On-line Training Program Reports</p> <p>On-line reports include:</p> <ul style="list-style-type: none"> • Written Exam Details • Pass/Fail Report • Skill Exam Details • Retake Summary <p>Instructors</p> <p>Written Test Instructions</p> <p>Electronic Written Test Instructions</p> <p>Skill Test Instructions</p> <p>Sample Recording Forms</p> <p>Sample Patient Diet Cards</p> <p>Fluid Intake Worksheet-120ml</p> <p>Fluid Intake Worksheet-240ml</p> <p>Instructor Handbook</p> <p>Coming Soon</p> <p>Instructor Workshop Information 2012</p> <p>Instructor Workshop Information</p>	<p>Test Observer Application Form 1500</p> <p>Confidentiality/Nondisclosure Agreement Form 1501</p> <p>Test Observer Equipment Checklist 1504</p> <p>Test Observer Agreement Form 1505</p> <p>Recording Form</p> <p>Training Affidavit Form 1511</p> <p>Written Test Instructions</p> <p>Electronic Written Test Instructions</p> <p>Skill Test Instructions</p> <p>Candidate Test Exit Survey</p> <p>WebETest © Observers View Scheduled Exams</p> <p>Test Site Forms</p> <p>Test Site Agreement Form 1502</p> <p>Test Site Equipment List Form 1503</p>	<p>Please feel free to contact us if you have questions, concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Arizona NA training, testing, and certification process.</p> <p>Headmaster</p> <p>Teresa Whitney Program Manager PO Box 6609 Helena, MT 59604-6609 Phone (800) 393-8664 Fax (406) 442-3357 hdmaster@hdmaster.com</p> <p>Visitors</p> <p style="text-align: center;">078391</p> <p>You will need a reader to view and print most of these documents. You may download it here...</p> <p style="text-align: center;"></p>

Click on WebETest© Start Page

CANDIDATE IDENTIFICATION REQUIREMENTS

(INFORMATION TO COLLECT WHEN CANDIDATES START TRAINING SO THAT CANDIDATE'S NAME IS ENTERED CORRECTLY)

Training Programs are required to enter each candidate into WebETest© under their legal name at the start of training. The name under which the candidate is entered into WebETest© must match the name on the candidate's government issued, signed, non-expired, photo identification presented at the time of testing.

It is highly recommended that training programs obtain a copy of the candidate's government issued, signed, non-expired, photo identification that will be presented when the candidate goes to test so that the name in the candidate's record exactly matches the printed name on their identification.

FIRST and **LAST** names in the candidate's record **MUST EXACTLY MATCH** the printed **FIRST** and **LAST** name on the candidate's identification.

For testing, candidates must bring a **GOVERNMENT ISSUED, SIGNED, NON-EXPIRED, PHOTO IDENTIFICATION**. Examples of the forms of government issued, signed, non-expired, photo ID's that are acceptable are:

- ◆ **Driver's License**
- ◆ **State issued Identification Card**
- ◆ **Passport** (Passport Cards are not acceptable)
- ◆ **Military Identification**
- ◆ **Alien Registration Card**
- ◆ **Tribal Identification Card**

There are candidates who have multiple last names on their identification as it is their *full legal name*, but they only use one of the last names on a daily basis. Although candidates may sign their identification with only one last name, the signature is not required to match. Only the **printed (legal) first and last names must match** the candidate's name in WebETest©.

- ⇒ **When Test Observers check the candidate's identification at the test site during check-in, they look at the *FIRST* and *LAST PRINTED* names on the identification presented by the candidate. If the *FIRST* and *LAST* names on the Test Observer's Verification Form are not exactly identical to the *FIRST* and *LAST* names on the candidate's identification, the candidate is not allowed to test, is considered a **NO SHOW** for the test event, and forfeits their testing fees (they will need to repay to retest).**

Example:

The name on the candidate's driver's license is: JANET ELIZABETH ORTEGA DIAZ

The candidate signs the driver's license: Janet Ortega (*printed name is what MUST match*)

The candidate's name on the Verification Form that the test observer has received from Headmaster for the test event is: JANET E. ORTEGA

The Test Observer would have to inform the candidate that their identification DOES NOT match the name on her paperwork and that she CANNOT test the candidate.

The candidate's name on the Test Observer's Verification Form would have to be *at least*: **JANET ORTEGA DIAZ**
Or may include a middle initial or name: **JANET E. ORTEGA DIAZ** –or- **JANET ELIZABETH ORTEGA DIAZ**
for the candidate to test – **MIDDLE NAMES AND SIGNATURES ARE NOT CONSIDERED** when verifying identity – **only**

FIRST and LAST names must match.

It is extremely important for accuracy when entering the candidate's FULL LEGAL NAME, that Training Programs actually look at the candidate's government issued, signed, non-expired, photo identification that the candidate will present when they go to test so that the correct FIRST and LAST names are entered into the candidate's record at the start of training.

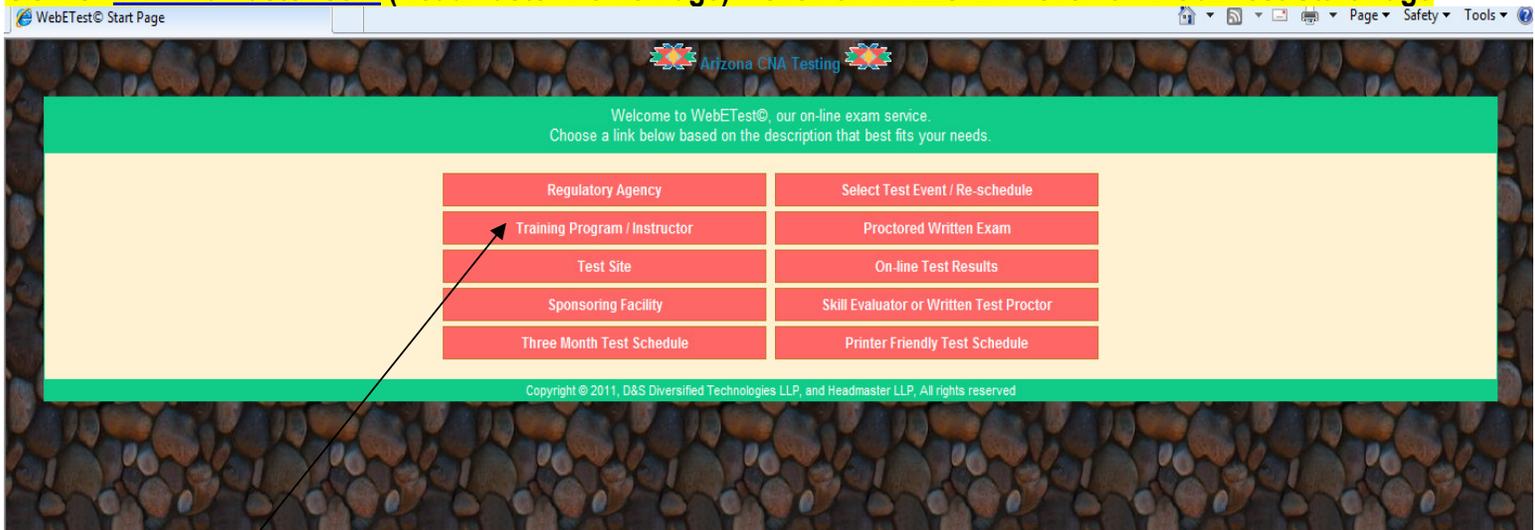
TAB 2

Entering Candidate

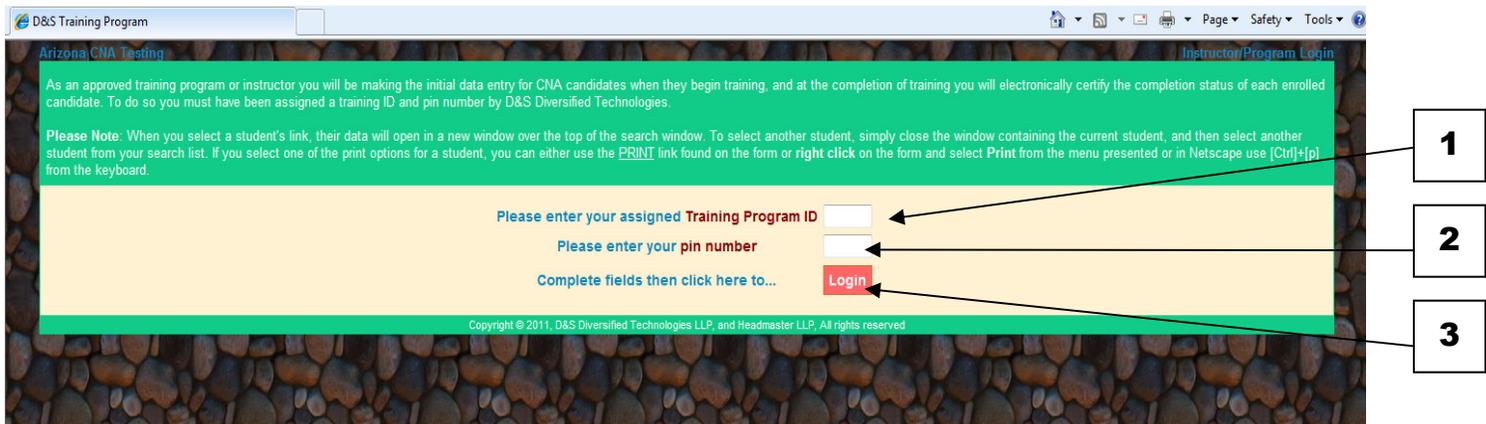
at Beginning of Training

ENTERING CANDIDATES (at the beginning of training)

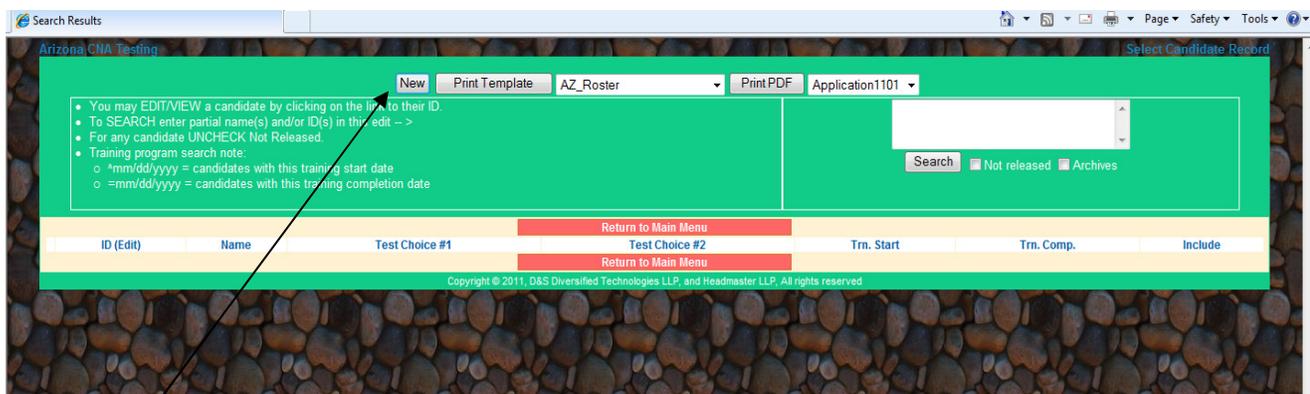
GO TO: www.hdmaster.com (Headmaster Home Page) – click on ARIZONA – click on WebTest Start Page



Click on TRAINING PROGRAM / INSTRUCTOR



1. Enter your TRAINING PROGRAM ID
2. Enter your PIN NUMBER
3. Click on LOGIN



Click on NEW

1. Enter all the PERSONAL INFORMATION in the fields listed above.

- Social Security Number – no dashes and again in reverse order (backwards)
- Last, First and Middle Names (obtained and verified from candidate's government issued, photo identification)
- Maiden or Other Names
- Address – just the street address with any apartment numbers or P.O. Box
- Zip Code – the city and state are automatically generated based on the Zip Code
- Home Phone – or Cell Phone
- Work Phone – or other phone
- Email Address
- Date of Birth – put in 00/00/0000

2. TRAINING PROGRAM – will be pre-populated with your training program

- Started – put in start date as 00/00/0000

4. Click on **SUBMIT CANDIDATE (the SAVE button)**

- Save the candidate's record

***4. Candidates with No Social Security Number**

- Not for candidates who do not want to supply their social security number
- Only for candidates who do not have a Social Security Number

Click on the link to the ARIZONA BOARD OF NURSING for the AFFIDAVIT OF NO SOCIAL SECURITY NUMBER

The original, notarized **AFFIDAVIT OF NO SOCIAL SECURITY NUMBER** needs to be sent to the **Arizona Board of Nursing**.

A copy of the notarized **Affidavit of No Social Security Number** needs to be faxed in to Headmaster *along with* the candidate's application (**Form 1101**) and verification of their training completion date and hours.

Training programs are not able to enter candidates who fill out this affidavit, they have to be entered by Headmaster once we receive a copy of the affidavit with their application and verification of their training completion date and hours. Once entered by Headmaster, training programs will be notified that the candidate is in the system so that applications and **Certificates of Completion** can be printed by the program for the candidate.

Janice K. Brewer
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800 Fax (602) 771-7888
E-Mail: arizona@azbn.gov
Website: www.azbn.gov

AFFIDAVIT RE: SOCIAL SECURITY NUMBER

1. This form must be completed by professional nurse, practical nurse and certified nursing assistant applicants who state they do not have a social security number.
2. A.R.S. § 25-320(K) requires that:
Each licensing board or agency that issues professional, recreational or occupational licenses or certificates shall record on the application the social security number of the applicant and shall enter this information in its data base in order to aid the department of economic security in locating parents or their assets or to enforce child support orders.
3. I certify that I do not have a social security number because
4. I understand that in the event I obtain a social security number, I have the obligation to provide the Board with a copy of my social security card within 10 days. My failure to do so may result in disciplinary action against my license/certificate.
5. I understand that I must provide the Board, in writing with the name and address of my initial Arizona nursing employer, within 10 days of commencing employment.

AFFIDAVIT

The undersigned being duly sworn declares that he/she has read and understands this affidavit; understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of license/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

JURAT

State of _____)
County of _____) SS

Type or Print Your Name

Signature

_____ personally appeared before me, and under oath, swears that the statements made
NAME
in this document and all attachments are true and correct this _____ day of _____, 20____

NOTARY PUBLIC

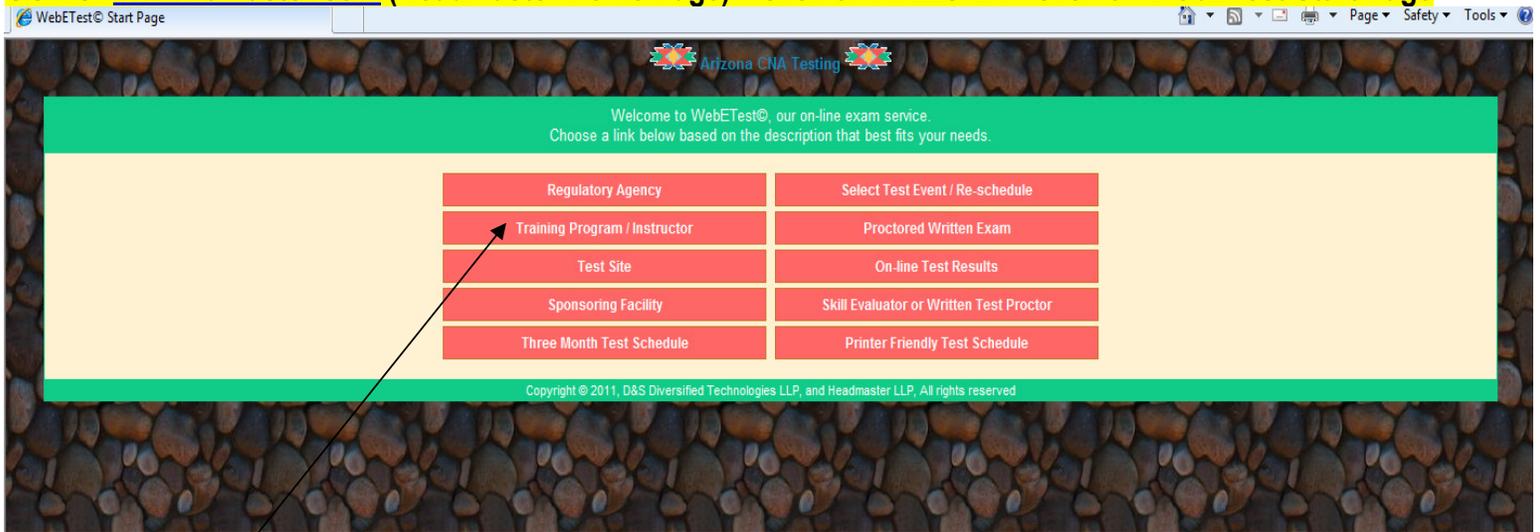
MY COMMISSION EXPIRES

TAB 3

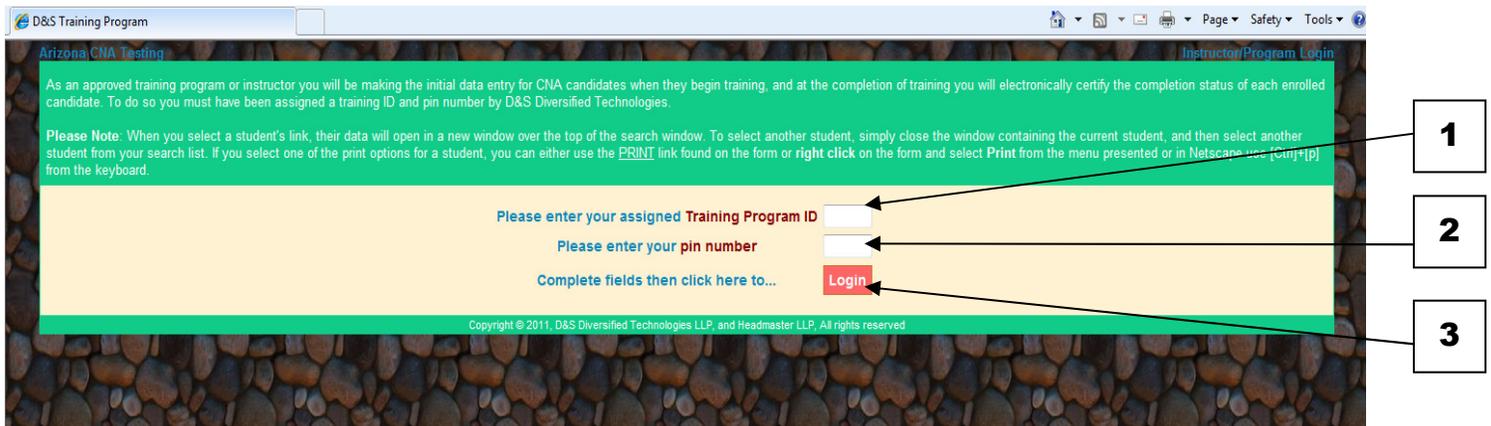
Completion of Training

ENTERING COMPLETION OF TRAINING (done when candidates complete training)

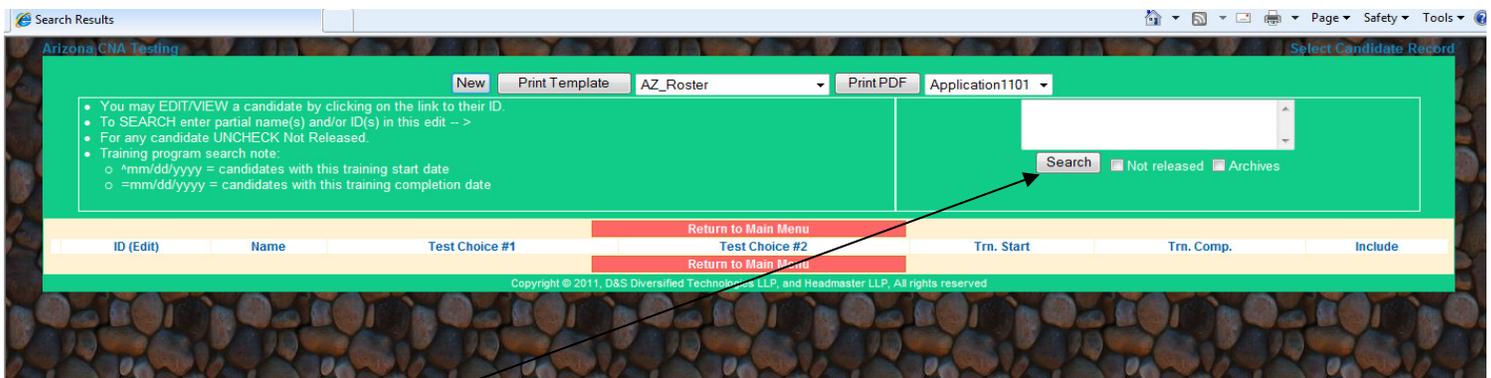
GO TO: www.hdmaster.com (Headmaster Home Page) – click on ARIZONA – click on WebTest Start Page



Click on **TRAINING PROGRAM / INSTRUCTOR**



1. Enter your Training Program ID#
2. Enter your Pin Number
3. Click on LOGIN



Click on **SEARCH**

You will get a list of candidates trained in your program. You can narrow the search by putting ^00/00/0000 (candidate training start date) or =00/00/0000 (candidate training completion date). You will then just get a list of candidates with either the start date or completion date you put in.

	ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.	Include
Hold	4170-802-520	5. PRACTICE CANDI	///	///	///	04/10/2011	<input checked="" type="checkbox"/>
Hold	5170-802-520	6. PRACTICE CANDI	///	///	///	04/03/2010	<input checked="" type="checkbox"/>
Hold	6170-802-520	7. PRACTICE CANDI	05/24/2011-E811	///	///	04/10/2011	<input checked="" type="checkbox"/>
Hold	2157-820-311	ARIZONA, FIVE	///	///	///	09/01/2010	<input checked="" type="checkbox"/>
Hold	0340-220-302	ARIZONA, FOUR	///	///	///	09/01/2010	<input checked="" type="checkbox"/>
Hold	1382-723-720	ARIZONA, ONE	///	///	///	08/05/2010	<input checked="" type="checkbox"/>
Hold	2181-873-461	ARIZONA, SIX	///	///	///	09/01/2010	<input checked="" type="checkbox"/>
Hold	7731-173-720	ARIZONA, THREE	///	///	///	05/01/2010	<input checked="" type="checkbox"/>
Hold	7437-352-381	ARIZONA, TWO	///	///	///	05/01/2010	<input checked="" type="checkbox"/>
Hold	8668-550-831	BROWN, TAMMY ANN	///	///	///	09/15/2010	<input checked="" type="checkbox"/>
Hold	8416-140-252	BUNNY, BAXTER	///	///	///	01/20/2007	<input checked="" type="checkbox"/>
Hold	0583-331-831	CANDIDATE, SAMPLE	///	///	07/01/2011	///	<input checked="" type="checkbox"/>
Hold	1788-820-831		///	///	///	09/09/2010	<input checked="" type="checkbox"/>

Click on the ID number of the candidate

Personal Information : Last Updated 07/18/2011 12:59 MT

Soc. Sec. Number: 555555555

First Middle Last: SAMPLE TEST CANDIDATE

Maiden (Other name):

Address: 3310 MCHUGH LANE

City ST Zip: MESA AZ 85202

Home Phone: (602)442-1224 (ccc)ppp-####

Work or Cell Phone: (602)442-1234 (ccc)ppp-####

Email Address: hdmaster@hdmaster.com

Date of Birth: 01/01/1970 mm/dd/yyyy

Training Program

ID: 9991 View Approved Programs

Class/lab Hours: []

Clinical Hours: [] Traineeship Hours: []

Name: PRACTICE TEST SITE

Address: 3310 MCHUGH LANE

City, St: HELENA, MT 59602

Started: 07/01/2011 (mm/dd/yyyy)

Completed: [] (mm/dd/yyyy)

Expires: [] (mm/dd/yyyy)

Graduated?: Attending NO requires reason...

If NO, due to: Select...

Please Note: By selecting a Graduated Status of "YES", you are attesting that you are an authorized representative of the above training program, and that this candidate has successfully completed the stated training.

Funding Status

SELF PAY: If checked this indicates that the candidate is paying for their exam. If not checked, then the sponsoring facility indicated below is responsible for paying the testing fees.

Sponsor (facility paying for exam)

Sponsor ID: [] ?????

Please Note: If this candidate's testing fees are being paid by a facility other than yours, then their facility ID must be entered in the field above. The facility name will be populated once you Submit Updates.

Test Date Selection

View Test Schedule

Site: Scheduling not available...

Date: Scheduling not available...

Test Options: N/A

Please note that after Choosing and then Accepting a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.

ADA Request Status

Accommodation Requested

ADA Accomodation Forms

Please Note: Selection of this option requires submission of the documents available through the link above. You will be unable to test until all required documentation is received and the status of your request has been determined.

Submit Updates

- 1. CLASS/LAB HOURS and CLINICAL HOURS** – put in number of hours for each (Traineeship Hours – enter hours here if applicable for your program)
- 2. COMPLETED** – put in completion of training date (00/00/0000)
- 3. GRADUATED?** – choose YES or NO from drop down list
- 4. SPONSOR ID** – put in your Training Program ID# (THIS FIELD NEEDS TO BE DONE TO ALLOW PROGRAM TO PAY THEIR CANDIDATE'S EXAM FEES)
- 5. Click on SUBMIT UPDATES (the SAVE button)**
- 6. ACCOMMODATION REQUESTED** – click in this box if candidate needs an ADA

Arizona CNA Testing Edit Candidate Record (Training)

Submit Updates

NOTE: The **BOLD** fields are required.
The *italic* fields are read only and will be automatically completed when the record is saved.

Personal Information : Last Updated 07/18/2011 12:59 MT			Training Program		
Soc. Sec. Number: 555555555	ID: 9991 View Approved Programs		Class/lab Hours: 140	Clinical Hours: 40 <input type="text"/> Traineeship Hours: <input type="text"/>	
First Middle Last: SAMPLE TEST CANDIDATE	Maiden (Other name): <input type="text"/>		Name: PRACTICE TEST SITE	Address: 3310 MCHUGH LANE	
Address: 3310 MCHUGH LANE	City ST Zip: MESA AZ 85202		City, ST: HELENA, MT 59602	Started: 07/01/2011	
Home Phone: (602)442-1224 (ccc)ppp-####	Work or Cell Phone: (602)442-1234 (ccc)ppp-####		Completed: <input type="text"/>	Expires: <input type="text"/>	
Email Address: hdmaster@hdmaster.com	Date of Birth: 01/01/1970 mm/dd/yyyy		Graduated?: NO	If NO, due to: Select...	
Test Date Selection			ADA Request Status		
View Test Schedule			Accommodation Requested <input type="checkbox"/>		
Site: Scheduling not available...			ADA Accommodation Forms		
Date: Scheduling not available...			Please Note: Selection of this option requires submission of the documents available through the link above. You will be unable to test until all required documentation is received and the status of your request has been determined.		
Test Options: N/A			Sponsor (facility paying for exam)		
Please note that after Choosing and then Accepting a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.			Sponsor ID: <input type="text"/> ?????		
			Please Note: If this candidate's testing fees are being paid by a facility other than yours, then their facility ID must be entered in the field above. The facility name will be populated once you Submit Updates.		

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If a candidate does not complete training, select NO from drop down by Graduated?

Select a reason from the drop down list.

Click on **Submit Updates** (the **SAVE** button)

Arizona CNA Testing Edit Candidate Record (Training)

Submit Updates

NOTE: The **BOLD** fields are required.
The *italic* fields are read only and will be automatically completed when the record is saved.

Personal Information : Last Updated 07/18/2011 12:59 MT			Training Program		
Soc. Sec. Number: 555555555	ID: 9991 View Approved Programs		Class/lab Hours: 140	Clinical Hours: 40 <input type="text"/> Traineeship Hours: <input type="text"/>	
First Middle Last: SAMPLE TEST CANDIDATE	Maiden (Other name): <input type="text"/>		Name: PRACTICE TEST SITE	Address: 3310 MCHUGH LANE	
Address: 3310 MCHUGH LANE	City ST Zip: MESA AZ 85202		City, ST: HELENA, MT 59602	Started: 07/01/2011	
Home Phone: (602)442-1224 (ccc)ppp-####	Work or Cell Phone: (602)442-1234 (ccc)ppp-####		Completed: 07/18/2011	Expires: <input type="text"/>	
Email Address: hdmaster@hdmaster.com	Date of Birth: 01/01/1970 mm/dd/yyyy		Graduated?: YES	If NO, due to: Select...	
Test Date Selection			Funding Status		
View Test Schedule			<input checked="" type="checkbox"/> SELF PAY: If checked this indicates that the candidate is paying for their exam. If not checked, then the sponsoring facility indicated below is responsible for paying the testing fees.		
Site: Scheduling not available...			Sponsor (facility paying for exam)		
Date: Scheduling not available...			Sponsor ID: 9991 ?????		
Test Options: N/A			Please Note: If this candidate's testing fees are being paid by a facility other than yours, then their facility ID must be entered in the field above. The facility name will be populated once you Submit Updates.		
Please note that after Choosing and then Accepting a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.					

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If a candidate is requesting an ADA Accommodation – you will click on this box and on the link to the ADA form.

Print out and give the ADA form to the candidate to fill out.

FORM 1404 – ADA Accommodation available at www.hdmaster.com

ARIZONA – FORM 1404AZ
REQUEST FOR ADA ACCOMMODATION
(Updated 12-5-2011)

In compliance with the Americans with Disabilities Act (ADA), the Nurse Aide (NA) Testing Program provides reasonable accommodations for applicants with disabilities that may affect their ability to take the Nurse Aide Competency Examination (NACE). It is your responsibility to notify the NA testing program of the needed alternative arrangements. If you have a disability for which you wish to request an accommodation, please provide the following information and return this form as well as all other required documentation to HEADMASTER (www.hdmaster.com). You may attach additional pages if necessary. Accommodations will NOT be provided at the examination site unless the form and all other documentation are received with your application and the requested accommodation is granted prior to testing. In order to grant testing accommodations, the NA testing staff must share information concerning your request with the RN, who will observe your performance on the manual skill portion, and Written Test Proctor who will administer the written portion of the examination. Your information requested below and any documentation regarding your disability is considered strictly confidential and will be shared only with the RN Test Observer and Written Test Proctor and Actor, and Arizona State Agencies. Please sign your name on this form to indicate your permission to HEADMASTER to share information about your disability with the RN Observer and Written Test Proctor and Actor, and State Agencies.

*******ANY SPECIALLY EQUIPPED REQUIREMENTS MUST BE PROVIDED BY THE CANDIDATE*******

Name: Last First Social Security: _____
Address: Street City State Zip _____
E-Mail: _____
Home Phone: Cell Phone: Date of Birth: _____
Reader Marker Additional Time Large Print Other please explain: _____

Describe your disability and how this substantially limits one or more of your major life activities: _____

Explain the nature and extent of your disability and how it impairs your ability to take the NA examination: _____

Describe the accommodation you are requesting: _____

Describe the accommodations granted to you during your Nursing Assistant Training Program: _____

HEADMASTER Form 1404AZ UPDATE: 12-5-2011

REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

An applicant requesting special testing accommodation must provide the following along with his/her testing application to HEADMASTER:

- Completion of this application available from www.hdmaster.com (Form 1404AZ)
- Documentation including recent (within the last four years, unless the disability is documented by the professional as stable and permanent) reports, test results, evaluations and assessments of the candidate's need for accommodations due to a disability (physical or mental impairment) but substantially limits one or more major life activities. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, thinking, working, caring for one's self and performing manual tasks. Mental impairment includes any mental or psychological disorder, such as organic brain syndrome, emotional or mental illness and specific learning disabilities, which are protected under the Americans with Disabilities Act (ADA). Documentation by a qualified professional with expertise in the areas of the diagnosed disability which supports the request for accommodations, including results of appropriate diagnostic testing, must be submitted.

ACCOMMODATIONS MUST INCLUDE:

- A History of the disability and any past accommodation(s) granted to the candidate, as well as a description of its impact on the individual's functioning
- Identification of the specific standardized and professionally recognized tests/assessments given (e.g., Woodcock-Johnson, Wechsler Adult Intelligence Scale)
- The scores resulting from testing, interpretation of the scores and evaluations.
- Recommendations for testing accommodations with a stated rationale as to why the requested accommodations are necessary and appropriate for the diagnosed disability
- Contact information including name, qualifications, phone of the professional evaluator recommending the accommodation

If you were provided accommodation in the nursing assistant program, the instructor must sign this request for accommodations form verifying that the accommodation requested was provided by the program. The Primary Instructor must sign this form verifying any provided training accommodations. Your signature below indicates that you understand this application and the documentation you included and give permission to HEADMASTER staff, their RN Test Observers, Written Test Proctors, and Actors, and appropriate Arizona State Agencies to be informed of accommodations requested. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above as a need to know basis. Your signature below indicates that you understand this and you give permission to HEADMASTER to share this information as described.

Applicant's Signature: _____ Date: _____
I certify that I am the above candidate's Primary Instructor, and that I provided the accommodations described herein during the candidate's Nursing Assistant Training Program.
(PLEASE PRINT) Primary Instructor Name: _____ Program Name: _____
Primary Instructor Signature: _____ Phone: _____ Date: _____

NOTE: IN ORDER TO MAKE THE NECESSARY ARRANGEMENTS TO ACCOMMODATE YOUR NEEDS, ALL REQUESTS AND SUPPORTING DOCUMENTATION MUST BE SENT TO HEADMASTER WITH YOUR APPLICATION. THE ARIZONA BOARD OF NURSING MUST APPROVE AND HEADMASTER MUST ARRANGE FOR ALL ACCOMMODATIONS PRIOR TO YOUR TEST DATE.

All requests will be considered on a case-by-case basis. It will be necessary for testing staff to speak and converse with you regarding specific accommodations. Therefore, it is **IMPORTANT** that you provide a current address and daytime telephone number and keep HEADMASTER informed if these change. You will receive written confirmation of any approved or denied accommodations. You **MUST** notify the testing staff if you are unable to take the examination on the date for which you are scheduled at least one business day prior to your test date.

HEADMASTER Form 1404AZ UPDATE: 12-5-2011

BOARD APPROVAL PROCESS:

The request for accommodation is reviewed by HEADMASTER and sent to the Board for approval. Board staff members shall initially review the accommodation to ensure that they:

- Documentation is complete as requested.
- Documentation supports the diagnosis of an ADA eligible disability.
- Documentation supports the requested accommodation.
- Accommodation requested is reasonable, can be provided by HEADMASTER and does not compromise the intent of the exam (e.g. a request that another person perform skills).

During the course of the review, Board staff may communicate with the applicant, program or professional making the diagnosis to clarify the request or suggest available alternatives if the accommodation is not feasible. The decision to recommend or not recommend the accommodation is conveyed to HEADMASTER and the applicant. If the request is denied, the applicant may submit additional information to support their request.

FINAL APPEAL PROCESS - THOSE OF INFORMATION - RECORD OF REQUEST:

If Board staff does not have sufficient evidence to grant the accommodation, the applicant will be informed of the requirements. The applicant may appeal staff findings to the Board by submitting a written request for appeal within 10 days of the notification of insufficient evidence to grant the accommodation.

If there is information in the accommodation request that indicates the applicant's condition poses a risk to the health, safety and welfare of patients or the public, the information in the accommodation request will be provided to the investigators department and an investigation may be conducted.

All requests for accommodation are maintained and filed in the applicant's training file and are not considered public records.

All requests will be considered on a case-by-case basis. It will be necessary for testing and Board staff to speak and converse with you regarding specific accommodations. Therefore, it is **IMPORTANT** that you provide a current address and daytime telephone number and keep HEADMASTER informed if these change. You will receive written confirmation of any approved or denied accommodations. You **MUST** notify the testing staff if you are unable to take the examination on the date for which you are scheduled at least one business day prior to your test date.

ADDITIONAL NOTES:

TAB 4

Exam Fee

Payment by Training Program

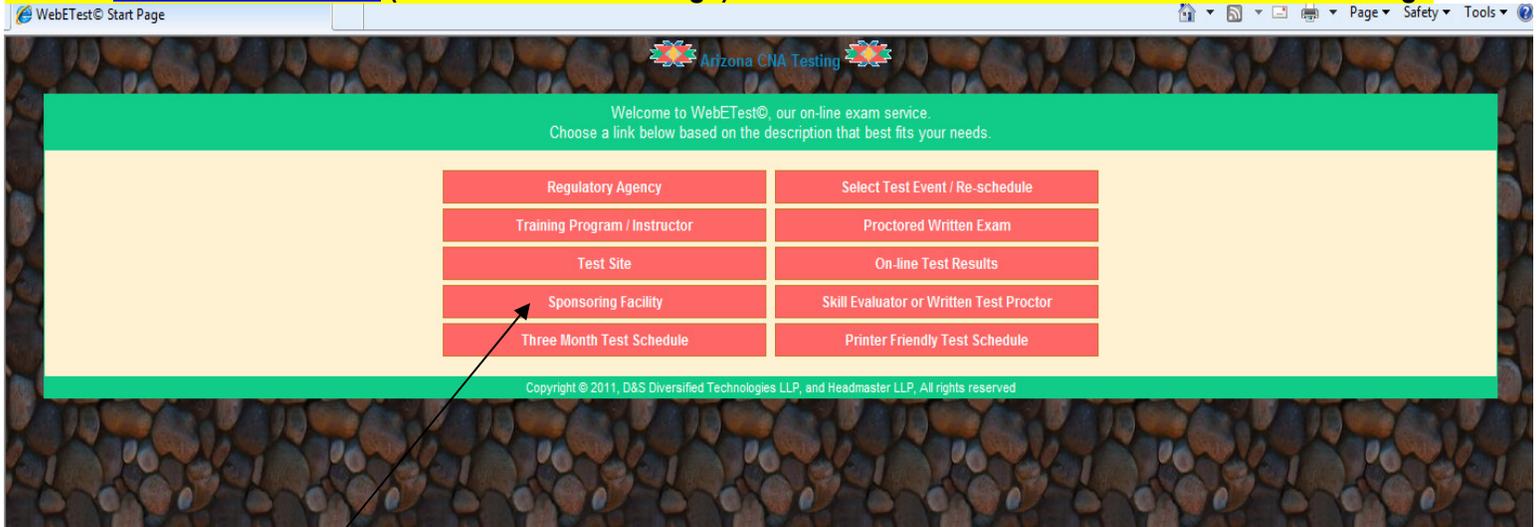
EXAM FEE PAYMENT *BY* TRAINING PROGRAM

(Sponsoring Facilities may pay for their candidates)

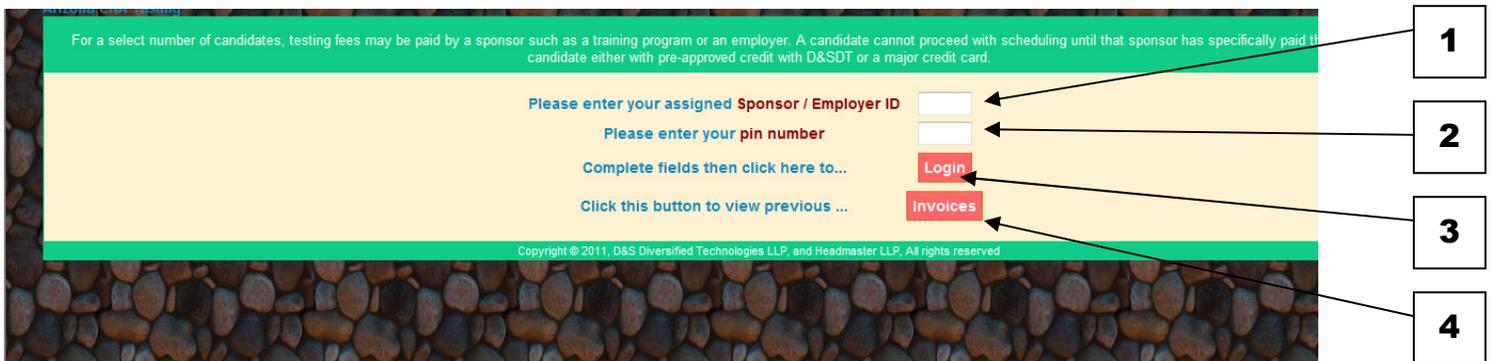
Candidate's testing fees may be paid by:

- ⇒ Training Program via VISA or MasterCard
- ⇒ If approved for facility credit, may be invoiced by Headmaster

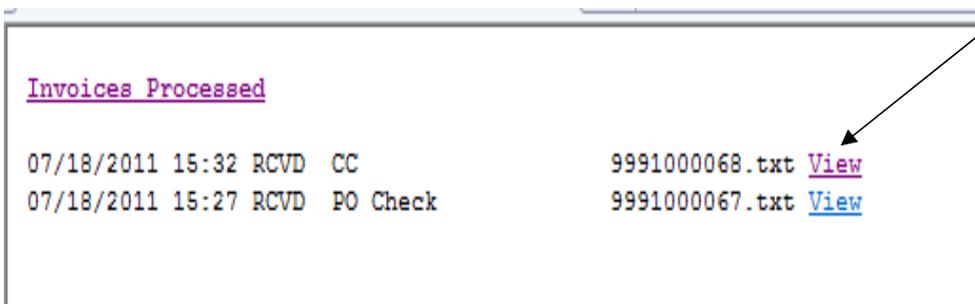
GO TO: www.hdmaster.com (Headmaster Home Page) – click on ARIZONA – click on WebTest Start Page

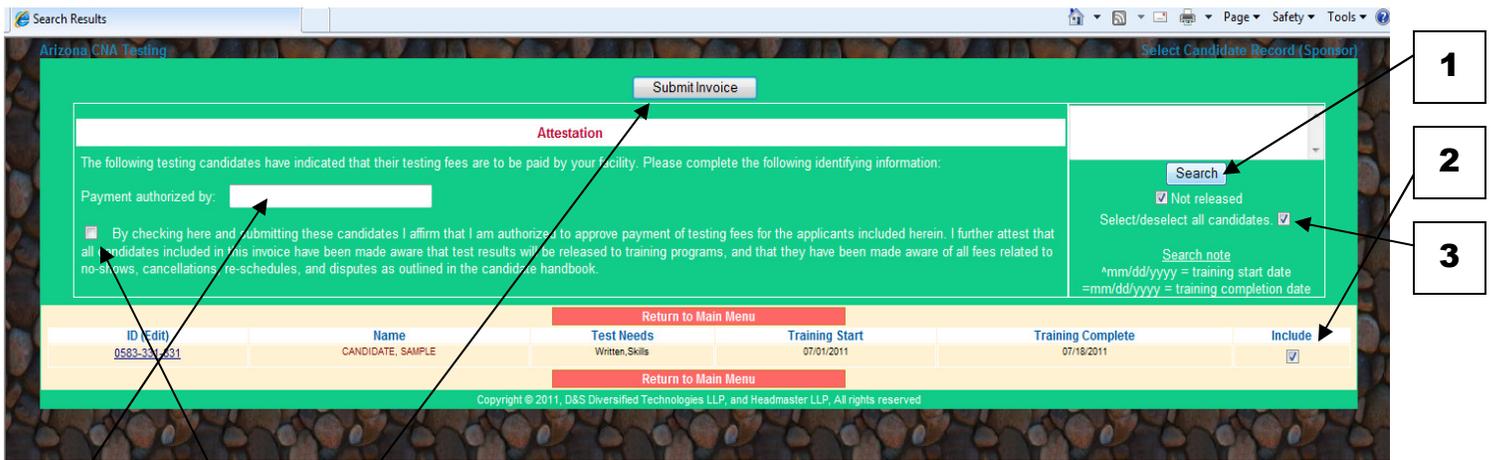


Click on **SPONSORING FACILITY**

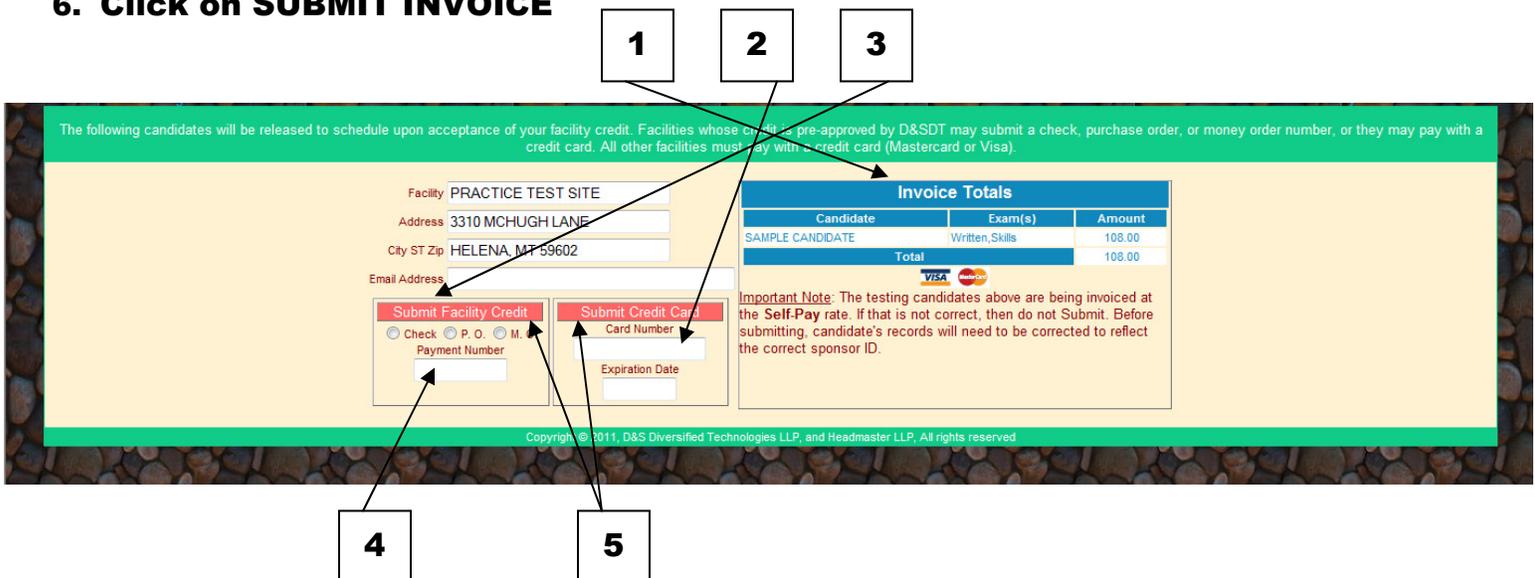


- 1. SPONSOR / EMPLOYER ID** – the same as your TRAINING PROGRAM ID#
- 2. PIN NUMBER** – the same PIN# as for your Training Program
- 3. Click on LOGIN**
- 4. INVOICES** – click here to view processed invoices – then click on View** (see note at end)





1. **Click on SEARCH** – to get a list of your candidates (may narrow search by typing ^mm/dd/yyyy (training start date) or =mm/dd/yyyy (training completion date) in the box and then clicking Search)
2. **Check mark in INCLUDE** indicates the candidates you want to pay for (you can check or uncheck as needed)
3. **SELECT/DESELECT ALL CANDIDATES** – unchecking this box takes the check out of Include, clicking on the box puts a checkmark in the include box
4. **PAYMENT AUTHORIZED BY:** type in name of person authorized to approve payment
5. **BY CHECKING HERE ...** put checkmark in this box by clicking on it. This paragraph states: “By checking here and submitting these candidates I affirm that I am authorized to approve payment of testing fees for the applicants included herein. I further attest that all candidates included in this invoice have been made aware that test results will be released to training programs, and that they have been made aware of all fees related to no-shows, cancellations, re-schedules, and disputes as outlined in the candidate handbook.”
6. **Click on SUBMIT INVOICE**



1. Check the list of candidates and total – if not correct, you can hit your back arrow to get back to the previous screen to Select or Deselect candidates and follow steps 4-6 above again.
2. If paying by credit card, VISA or MasterCard only, put the CARD NUMBER and EXPIRATION DATE in.
3. If Facility Credit, meaning Headmaster will invoice your program, click on CHECK – PO – MO (whichever applies)
4. PAYMENT NUMBER – if you know the Check, Purchase Order or Money Order number, put it in here. If not, put in today's date.
5. Click on SUBMIT FACILITY CREDIT or SUBMIT CREDIT CARD (depending on the option you are paying with).

Arizona CNA Testing Process Complete

PO Transaction Summary: You may view/print invoices from your Sponsor login screen.

Headmaster P.O. Box 6609 Helena, MT 59604-6609 Bill To PRACTICE TEST SITE 3310 MCHUGH LANE HELENA, MT 59602 Authorized by: Teresa 07/18/2011 15:27 Payment type: PO Check 07182011	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Invoice</th> <th style="text-align: left;">Reference #</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td></td> </tr> <tr> <td>7/18/2011</td> <td>9991000067</td> </tr> </tbody> </table>	Invoice	Reference #	Date		7/18/2011	9991000067
Invoice	Reference #						
Date							
7/18/2011	9991000067						

**PAYMENT TYPE:
Purchase Order (PO)
Facility Check or Money Order**

ID	Candidate	Test(s)	Amount
0583-331-831	CANDIDATE, SAMPLE TEST	Written, Skills	108.00
Total			108.00

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Print this TRANSACTION SUMMARY for your records. HEADMASTER will invoice the training program.

Arizona CNA Testing Process Complete

Credit Transaction Summary: You may view/print invoices from your Sponsor login screen.

Headmaster P.O. Box 6609 Helena, MT 59604-6609 Bill To PRACTICE TEST SITE 3310 MCHUGH LANE HELENA, MT 59602 Authorized by: Teresa 07/18/2011 15:32 Payment type: CC 3746635577	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Invoice</th> <th style="text-align: left;">Reference #</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td></td> </tr> <tr> <td>7/18/2011</td> <td>9991000068</td> </tr> </tbody> </table>	Invoice	Reference #	Date		7/18/2011	9991000068
Invoice	Reference #						
Date							
7/18/2011	9991000068						

**PAYMENT TYPE:
Credit Card – Transaction ID#**

ID	Candidate	Test(s)	Amount
0583-331-831	CANDIDATE, SAMPLE TEST	Written, Skills	108.00
Total			108.00

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Print this TRANSACTION SUMMARY for your records when paying by credit card. The TRANSACTION ID# shows up here.

NOTE:
****If you click on INVOICES in the log-in screen, then click on VIEW, you will get the same screen shown above depending on type of payment**

TAB 5

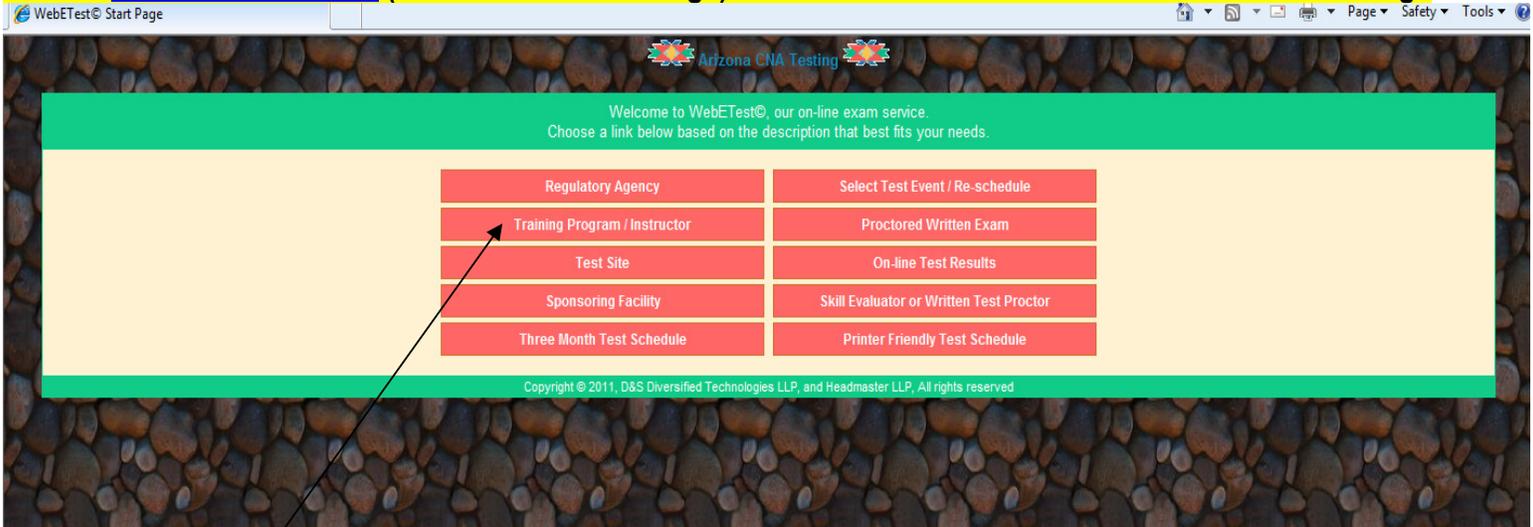
**Self-Pay Exam Fee Payment and
Scheduling by Candidate**

EXAM FEE PAYMENT (SELF PAY) AND SCHEDULING BY CANDIDATE

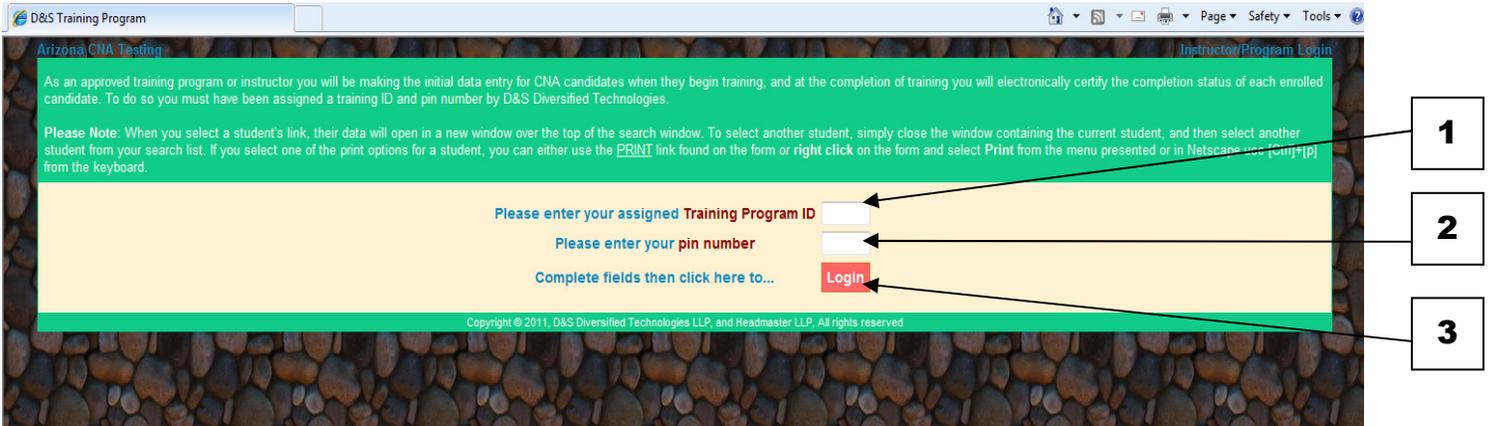
(Instructions for candidates to self pay on-line *or* pay by mailing in payment to Headmaster)

Candidates will need their **TEST ID NUMBER** *or* **SOCIAL SECURITY NUMBER** *and* **PIN #** to self-pay on-line with a credit card and to self-schedule. Following are instructions for the Training Program / Instructor to give the Candidate their Test ID# and PIN#:

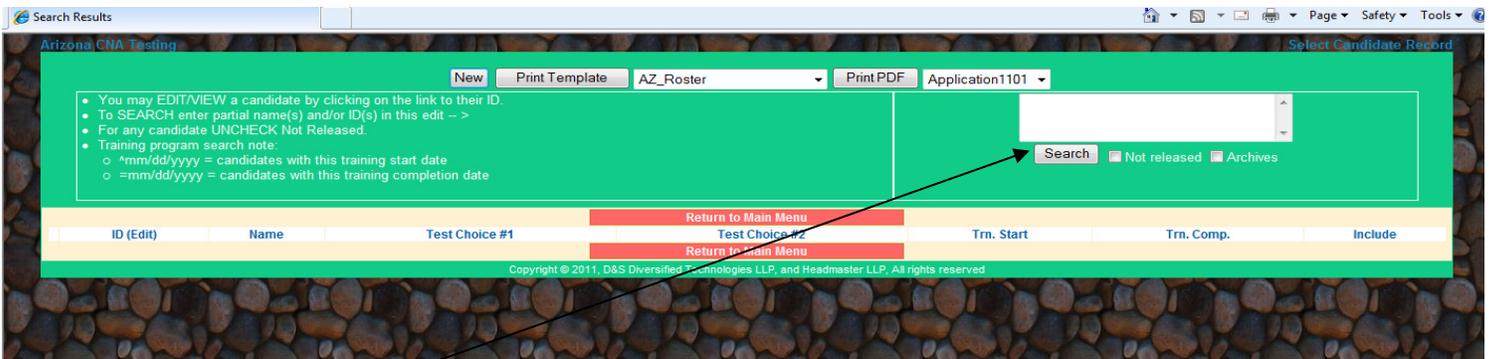
GO TO: www.hdmaster.com (Headmaster Home Page) – click on ARIZONA – click on WebETest Start Page



Click on TRAINING PROGRAM / INSTRUCTOR



- 1. Enter your Training Program ID#**
- 2. Enter your Pin Number**
- 3. Click on LOGIN**



Click on SEARCH

3

Arizona CMA Testing

Select Candidate Record

New Print Template AZ_Roster PrintPDF Application1101

- You may EDIT/IEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit -->
- For any candidate UNCHECK Not Released.
- Training program search note:
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date

AZ_Roster
AZ_Scheduling_Directions
AZ_StudentFile
AZ_Verification

Search Not released Archives

	ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.	Include
Hold	4170-802-520	5, PRACTICE CANDI	/-	/-	/-	04/10/2011	<input type="checkbox"/>
Hold	5170-802-520	6, PRACTICE CANDI	/-	/-	/-	04/03/2010	<input type="checkbox"/>
Hold	6170-802-520	7, PRACTICE CANDI	05/24/2011-E811	/-	/-	04/10/2011	<input type="checkbox"/>
Hold	2157-820-311	ARIZONA, FIVE	/-	/-	/-	09/01/2010	<input type="checkbox"/>
Hold	0340-220-302	ARIZONA, FOUR	/-	/-	/-	09/01/2010	<input type="checkbox"/>
Hold	1362-723-720	ARIZONA, ONE	/-	/-	/-	08/06/2010	<input type="checkbox"/>
Hold	2181-673-461	ARIZONA, SIX	/-	/-	/-	09/01/2010	<input type="checkbox"/>
Hold	7731-173-720	ARIZONA, THREE	/-	/-	/-	05/01/2010	<input type="checkbox"/>
Hold	7437-352-381	ARIZONA, TWO	/-	/-	/-	05/01/2010	<input type="checkbox"/>
Hold	8668-550-831	BROWN, TAMMY ANN	/-	/-	/-	09/15/2010	<input type="checkbox"/>
Hold	8416-140-252	BUNNY, BAXTER	/-	/-	/-	01/20/2007	<input type="checkbox"/>
	0583-331-831	CANDIDATE, SAMPLE	08/03/2011-H820	/-	/-	07/01/2011	<input checked="" type="checkbox"/>

1. Select the candidates for which you want to create a template by putting a checkmark in the box in the "Include" column. (You can search for candidates with specific training start dates or completion dates by typing ^00/00/0000 or =00/00/0000 in the box above the Search button)
2. SELECT: AZ_Scheduling_Directions
3. Click on PRINT TEMPLATE

PRINT OUT AND GIVE TO CANDIDATE. The letter contains each candidate's personal TEST ID# and PIN# and directions to self pay and self schedule their exam date.:

Headmaster LLP
 P.O. Box 6609, Helena, MT 59604-6609
 Toll Free: (800)393-8664 Fax: (406)442-3357
 Website: www.hdmaster.com
 Email: hdmaster@hdmaster.com

SAMPLE TEST CANDIDATE
 3310 MCHUGH LANE
 MESA AZ 85202

SAMPLE ,

To schedule your Arizona Nursing Assistant exam with Headmaster, please refer to the instructions below:

You may schedule your exam date on-line at any time at www.hdmaster.com.

- Click on the "Arizona" link listed under "Nurse Aide". When you reach the Arizona webpage click on "Student/Candidate".
- You will need your TEST ID# [0583-331-831] and your PIN# [v*tJ] to login.
- Before paying or scheduling your test you must read and acknowledge the attestation paragraph at the bottom of the page.
- You must make payment for the test before you will be able to schedule. The prepay by credit card option is under the Self-Pay or Sponsored section.
- View Test Schedule to see available exam dates.
- Select a test site... from the drop-down list.
- Select a test date from the drop down list.
- Submit Updates to schedule test.
- Print the exam confirmation letter provided (If you do not see a separate screen with your test confirmation, you are not scheduled to test).

If you do not have Internet access, you will need to mail or fax Headmaster forms 1101 and 1402 along with a copy of your training certificate and your payment to the address or fax number listed above. If you have any questions on this process please contact Headmaster at (800)393-8664 and our staff will assist you.

Form 1240

INSTRUCTIONS WITH SCREEN SHOTS FOR THE CANDIDATE WHO IS PAYING ON-LINE WITH CREDIT CARD

MAKE COPIES OF THESE INSTRUCTIONS TO GIVE TO YOUR SELF PAYING CANDIDATES

GO TO THE HEADMASTER HOME PAGE AT: www.hdmaster.com



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Headmaster LLP

Innovative, quality technology solutions throughout the United States since 1985.

On-Line CNA Practice Exams

Order an individual test or set up a group testing account.

Complete an exam from an individual membership.

Begin or complete an exam from a group account.

Try your luck with today's free question of the day.

Try our free ten item sample test.

Find out more about content, pricing, ordering and use.

See what customers have said about the practice exam!

Forgot your pin? Click here! (New 11/15/2011)

View your scheduled exam

Please click [here](#) to see where and when your next test is scheduled.

Licensing/Certification	Software	Hardware/Networking																												
																														
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Driven by these [core beliefs](#) we have been providing **quality, innovative, customized** testing, certification, and registry solutions since 1992. We take great pride in our content, delivery methods, and service, and if your regulatory agency has a certification dream, we can make it happen! Select your state or agency for testing details.

Comanv Historv Calendar

Click on ARIZONA

ARIZONA Web Page



D&S Diversified Technologies LLP
Headmaster LLP

Arizona CNA Testing and Certification

Innovative, quality technology solutions throughout the United States since 1985.

Important!

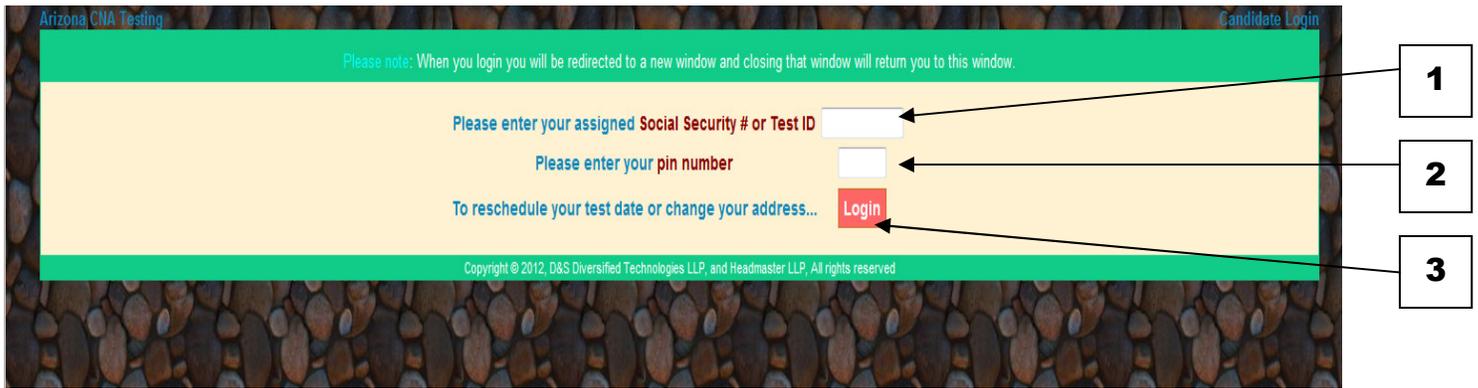
AZBN CNA Exam Changes Effective 2-1-2012

Candidate Forms	Training Programs	Observer Forms	Contacts																																																			
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We value the feedback we receive from everyone involved in the Arizona NA training, testing, and certification process.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #000080; color: white;"> <th style="text-align: left;">Headmaster</th> </tr> </thead> <tbody> <tr><td style="font-size: x-small;">Teresa Whitney Program Manager PO Box 6609 Helena, MT 59604-6609 Phone (800) 393-8664 Fax (406) 442-3357</td></tr> <tr><td style="font-size: x-small;">hdmaster@hdmaster.com</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #000080; color: white;"> <th style="text-align: left;">Visitors</th> </tr> </thead> <tbody> <tr><td style="text-align: center; font-size: large; font-weight: bold;">078391</td></tr> </tbody> </table> <p style="font-size: x-small;">You will need a reader to view and print most of these documents. 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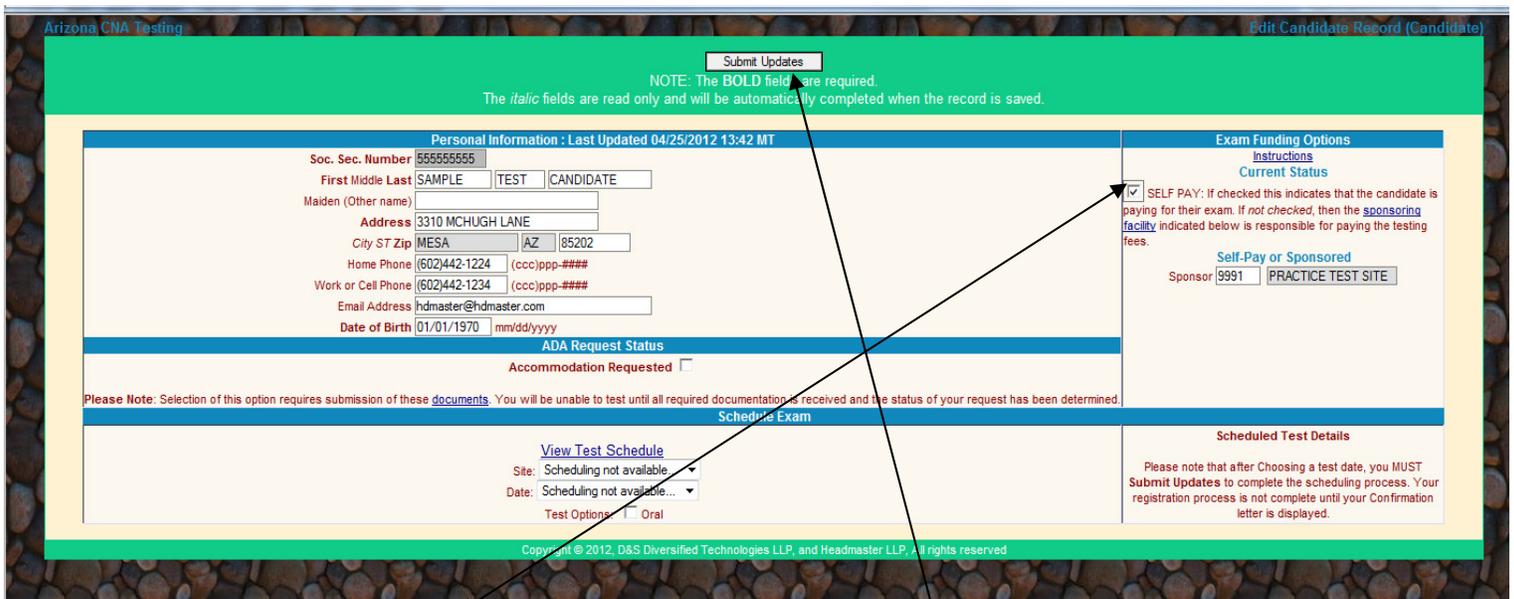
<http://hdmaster.com/testing/cnatesting/arizona/azformpages/azforms/AZElecWrittenTestInstruc.pdf>

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Click on Schedule / Re-Schedule



1. Enter your Test ID# (or Social Security Number)
2. Enter your Pin Number
3. Click on LOGIN



Click on box next to **SELF PAY** and then click on **SUBMIT UPDATES**.

You will get the confirmation below that record has been updated. After you receive the message below – close this window and then click on “Login” again.



Arizona CNA Testing Edit Candidate Record (Candidate)

[Submit Updates](#)

NOTE: The **BOLD** fields are required.
The *italic* fields are read only and will be automatically completed when the record is saved.

Personal Information : Last Updated 04/25/2012 13:50 MT		Exam Funding Options
Soc. Sec. Number 555555555 First Middle Last SAMPLE TEST CANDIDATE Maiden (Other name) _____ Address 3310 MCHUGH LANE City ST Zip MESA AZ 85202 Home Phone (602)442-1224 (ccc)ppp-### Work or Cell Phone (602)442-1234 (ccc)ppp-### Email Address hdmaster@hdmaster.com Date of Birth 01/01/1970 mm/dd/yyyy	Instructions Current Status <input checked="" type="checkbox"/> SELF PAY: If checked this indicates that the candidate is paying for their exam. If not checked, then the sponsoring facility indicated below is responsible for paying the testing fees. Self-Pay or Sponsored Sponsor 9991 PRACTICE TEST SITE ...or you may elect to... <input type="button" value="Pre-Pay With Credit Card"/>	
ADA Request Status Accommodation Requested <input type="checkbox"/> Please Note: Selection of this option requires submission of these documents . You will be unable to test until all required documentation is received and the status of your request has been determined.		Scheduled Test Details Please note that after Choosing a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.
Schedule Exam View Test Schedule Site: Scheduling not available... Date: Scheduling not available... Test Options: <input type="checkbox"/> Oral		

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Click on PRE-PAY WITH CREDIT CARD

Arizona CNA Testing Testing Candidate Credit Authorization

You have not yet been cleared to test. If you have sent your payment to the testing agency then this page requires no action. Simply login in at a later date or time as directed by your agency. If you wish to pay for your exam with a credit card then complete the following information which must include the attestation at the bottom of the page and SUBMIT.

NOTE: If there is a failure during the approval process it will be necessary to either log in again, or to re-create your record.

[Submit Credit Authorization](#)

First Middle Last SAMPLE TEST CANDIDATE Address 3310 MCHUGH LANE City ST Zip MESA AZ 85202 Home Phone (602)442-1224 (ccc)ppp-### Email Address hdmaster@hdmaster.com Credit Card Number _____   Expiration Date _____ (mm/yyyy) Amount 108.00	Important Once your credit has been approved you will be returned to your demographic/edit screen. If you would like to print a receipt for your purchase, you will find a link similar to the one below... Self-Pay or Sponsored Invoice(s) mm/dd/yyyy	1
Attestation <input type="checkbox"/> By checking here I attest to the following statements: <ul style="list-style-type: none"> I authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any cancellation, rescheduling, or dispute fees incurred as described in the Arizona candidate handbook. 		3

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- 1. Enter your CREDIT CARD NUMBER (no dashes).**
- 2. Enter your credit card EXPIRATION DATE as 00/0000 (like shown in red on screen).**
- 3. Read statements below blue line and put a checkmark in the box stating they have read these statements.**
- 4. Click on SUBMIT CREDIT AUTHORIZATION (will be dark gray once cc information is in).**

Submit Updates

NOTE: The BOLD fields are required.
The *italic* fields are read only and will be automatically completed when the record is saved.

Personal Information : Last Updated 04/27/2012 13:36 MT		Exam Funding Options
Soc. Sec. Number	555555555	Instructions Current Status
First Middle Last	SAMPLE TEST CANDIDATE	<input checked="" type="checkbox"/> SELF PAY: If checked this indicates that the candidate is paying for their exam. If not checked, then the sponsoring facility indicated below is responsible for paying the testing fees.
Maiden (Other name)		Self-Pay or Sponsored
Address	3310 MCHUGH LANE	Sponsor 9991 PRACTICE TEST SITE
City ST Zip	MESA AZ 85202	Invoice(s) 04/27/2012
Home Phone	(602)442-1224 (ccc)ppp-####	
Work or Cell Phone	(602)442-1234 (ccc)ppp-####	
Email Address	hdmaster@hdmaster.com	
Date of Birth	01/01/1970 mm/dd/yyyy	
ADA Request Status		
Accommodation Requested <input type="checkbox"/>		
Please Note: Selection of this option requires submission of these documents . You will be unable to test until all required documentation is received and the status of your request has been determined.		
Schedule Exam		
View Test Schedule		
Site:	Select a test site...	
Date:	Select a test date	
Test Options:	<input type="checkbox"/> Oral	
		Scheduled Test Details
		Please note that after Choosing a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.

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Click on the date next to INVOICE(S) to get a receipt of your credit card payment

Headmaster	Invoice		
P.O. Box 6609	Date	Reference #	
Helena, MT 59604-6609	4/27/2012	00000000	
Bill To			
SAMPLE CANDIDATE			
3310 MCHUGH LANE			
MESA AZ 85202			
Payment date: 04/27/2012 13:36			
Authorization code: 4339736905			
ID	Candidate	Test(s)	Amount
0583-331-831	CANDIDATE, SAMPLE TEST	Written, Skills	108.00
Total			108.00

[PRINT](#)

SAMPLE RECEIPT

Click on PRINT to print a copy

Submit Updates

NOTE: The BOLD fields are required.
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Address	3310 MCHUGH LANE	Sponsor 9991 PRACTICE TEST SITE
City ST Zip	MESA AZ 85202	Invoice(s) 04/27/2012
Home Phone	(602)442-1224 (ccc)ppp-####	
Work or Cell Phone	(602)442-1234 (ccc)ppp-####	
Email Address	hdmaster@hdmaster.com	
Date of Birth	01/01/1970 mm/dd/yyyy	
ADA Request Status		
Accommodation Requested <input type="checkbox"/>		
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Schedule Exam		
View Test Schedule		Scheduled Test Details
Site: Select a test site...	Date: Select a test date	Please note that after Choosing a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.
Test Options: <input type="checkbox"/> Oral		

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TO SCHEDULE YOUR TEST DATE:

1. Click on the drop down arrow next to **SELECT A TEST SITE**
2. Click on the drop down arrow next to **SELECT A TEST DATE**

Personal Information : Last Updated 04/27/2012 13:36 MT		Exam Funding Options
Soc. Sec. Number	555555555	Instructions Current Status
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Email Address	hdmaster@hdmaster.com	
Date of Birth	01/01/1970 mm/dd/yyyy	
ADA Request Status		
Accommodation Requested <input type="checkbox"/>		
Please Note: Selection of this option requires submission of these documents . You will be unable to test until all required documentation is received and the status of your request has been determined.		
Schedule Exam		
View Test Schedule		Scheduled Test Details
Site: 4130 PHOENIX JOB CORP CTR, PHOENIX	Date: 05/06/2012 E632 07:30 MT	Please note that after Choosing a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.
Test Options: <input type="checkbox"/> Oral		

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Click on **SUBMIT UPDATES** to **SAVE** your test date selection.

Once you click on **SUBMIT UPDATES**, your test confirmation letter will come up, click on the **PRINT** to print a copy.

Message sent to Candidate:hdmaster@hdmaster.com on Apr 27, 2012 14:09.48

HEADMASTER Arizona Nurse Aide Testing

Test Date: 05/06/2012

Test Site: PHOENIX JOB CORP CTR

518 S. 3RD ST.

PHOENIX, AZ

[Print](#) Apr 27, 2012

SAMPLE CANDIDATE
3310 MCHUGH LANE
MESA AZ 85202

- **TESTING BEGINS AT 07:30 ARRIVE AT LEAST 20 MINUTES EARLY TO CHECK-IN.** Please plan for all day.
- Please bring a non-expired signed government issued photo ID (drivers license, state ID or Military ID),
- If you forget your ID or arrive late you will not be permitted to test and you will have to reapply & repay.
- To login use your **TEST ID#: 0583-331-831 and your PIN#:v*tJ**
- If you are unable to Reschedule on-line call Headmaster at 800-393-8664 for assistance. You will be granted one free reschedule - provided you call Headmaster at least 1 business day prior to your test. A \$35 reschedule fee will be charged for all additional reschedules.
- ADA accommodation requests must be submitted with your application and approved prior to testing.
- You may not test if you have any type of temporary physical limitation that would prevent you from performing duties as a CNA (casts, crutches, etc.) or if you have a contagious illness.
- If you have been on "Light Duty" at work you will not be allowed to test without a Doctor's Release.
- FAMILY MEMBERS, FRIENDS AND PETS ARE NOT PERMITTED IN THE TESTING AREA.
- CELL PHONES, ELECTRONIC DEVICES AND PERSONAL ITEMS ARE NOT PERMITTED IN THE TESTING ROOM. Anyone caught using any of these devices during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months.
- To cancel your test, you MUST submit your request in writing, fax or email to Headmaster. Your request to cancel must be received in our office at least 24 business hours prior to your test time. You will be charged a \$20.00 cancellation fee that partially offsets costs incurred and will be refunded any remaining balance of your testing fee.
- READ the NA candidate handbook available from the Arizona CNA page on www.hdmaster.com.

Form 1240

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Driving Directions

Parking located on 2nd Street. Enter by front entrance and check in with Security. Security will direct you to the testing room.

**FOR THOSE CANDIDATES WHO DO NOT WANT TO PAY *ON-LINE* WITH A CREDIT CARD
(SENDING PAYMENT AND SCHEDULING FORM TO HEADMASTER & PAYING W/MONEY ORDER, CASHIER'S CHECK OR CC)
CANDIDATES WHO COMPLETED JANUARY 1, 2012, TO PRESENT ARE ELIGIBLE**

THE ONLY PAPERWORK NEEDED BY HEADMASTER WITH CANDIDATE'S **PAYMENT** IS A **SCHEDULING AND PAYMENT FORM 1402** – WHICH IS AVAILABLE ON OUR ARIZONA WEBSITE:

GO TO THE HEADMASTER HOME PAGE AT: www.hdmaster.com



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Licensing/Certification	Software	Hardware/Networking																													
																															
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Additional Services																															
Caregiverlist connects your job application with licensed senior home care agencies, nursing homes and assisted living communities in your area who are hiring. Caregiverlist's database allows hiring companies to easily find the applicants who meet their staffing needs. Caregiver Job Applicants may also learn about policies, pay and background check laws in their state and share their caregiving story on Caregiverlist.																															

Driven by these **core beliefs** we have been providing **quality, innovative, customized** testing, certification, and registry solutions since 1992. We take great pride in our content, delivery methods, and service, and if your regulatory agency has a certification dream, we can make it happen! Select your state or agency for testing details.

[Company History](#) [Calendar](#)

**Click on ARIZONA
ARIZONA Web Page**



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Arizona CNA Testing and Certification

Innovative, quality technology solutions throughout the United States since 1985.

Important!
AZBN CNA Exam Changes Effective 2-1-2012

Candidate Forms	Training Programs	Observer Forms	Contacts				
<ul style="list-style-type: none"> Three Month Test Schedule Printer Friendly Test Schedule Arizona CNA Application Form 1101 Arizona CNA Scheduling & Payment Form 1402 Candidate Handbook Nursing Student Waiver Request Military-Foreign Nursing Graduate Waiver Request ADA Accommodation 1404 <li style="background-color: yellow;">Now Available Schedule / Re-Schedule On-line Test RESULTS 	<ul style="list-style-type: none"> <li style="background-color: yellow;">WebETest © On-line Testing <li style="background-color: yellow;">WebETest © Start Page WebETest © Instructions On-line Training Program Reports On-line reports include: <ul style="list-style-type: none"> • Written Exam Details • Pass/Fail Report • Skill Exam Details • Retake Summary <li style="background-color: yellow;">Instructors Written Test Instructions Electronic Written Test Instructions Skill Test Instructions Sample Recording Forms Sample Patient Diet Cards Fluid Intake Worksheet-120ml Fluid Intake Worksheet-240ml <li style="background-color: yellow;">Instructor Handbook Coming Soon <li style="background-color: yellow;">Instructor Workshop Information 2012 Instructor Workshop Information 	<ul style="list-style-type: none"> Test Observer Application Form 1500 Confidentiality/Nondisclosure Agreement Form 1501 Test Observer Equipment Checklist 1504 Test Observer Agreement Form 1505 Recording Form Training Affidavit Form 1511 Written Test Instructions Electronic Written Test Instructions Skill Test Instructions Candidate Test Exit Survey WebETest © Observers View Scheduled Exams <li style="background-color: yellow;">Test Site Forms Test Site Agreement Form 1502 Test Site Equipment List Form 1503 	<p>Please feel free to contact us if you have questions, concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Arizona NA training, testing, and certification process.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #0056b3; color: white;"> <th style="text-align: left;">Headmaster</th> </tr> <tr><td>Teresa Whitney Program Manager PO Box 6609 Helena, MT 59604-6609 Phone (800) 393-8664 Fax (406) 442-3357 hdmaster@hdmaster.com</td></tr> <tr style="background-color: #0056b3; color: white;"> <th style="text-align: left;">Visitors</th> </tr> <tr><td style="text-align: center; font-size: 1.2em;">078391</td></tr> </table> <p>You will need a reader to view and print most of these documents. You may download it here... </p>	Headmaster	Teresa Whitney Program Manager PO Box 6609 Helena, MT 59604-6609 Phone (800) 393-8664 Fax (406) 442-3357 hdmaster@hdmaster.com	Visitors	078391
Headmaster							
Teresa Whitney Program Manager PO Box 6609 Helena, MT 59604-6609 Phone (800) 393-8664 Fax (406) 442-3357 hdmaster@hdmaster.com							
Visitors							
078391							

<http://hdmaster.com/testing/cnatesting/arizona/szformpages/azform/AZElecWrittenTestInstruc.pdf>
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Click on Arizona CNA Scheduling and Payment Form 1402



D&S Diversified Technologies LLP
Headmaster LLP

HEADMASTER LLC
P.O. Box 5803, Helena, MT 59604-6803
800-333-8884 - Fax: 406-442-3357
www.headmaster.com

Innovative, quality technology solutions
connecting the United States since 1985

Form 1402AZ Updated 7-1-2012

ARIZONA NURSING ASSISTANT (NA) SCHEDULING & PAYMENT FORM (FORM 1402)

TESTING OPTIONS: Only use Option 1 or Option 2, never both

Testing Option 1: Regional Test Site

-The completed Form 1402 must be received 8 business days prior to the first requested testing day (excluding Saturdays, Sundays & Holidays)

1 st Choice Test Date: (From published 1700 AZ Test Schedule)		2 nd Choice Test Date: (From published 1700 AZ Test Schedule)	
4 Digit Test Site #	Test Site Name	4 Digit Test Site #	Test Site Name
Test Month	Test Date	Test Month	Test Date

1

Testing Option 2: In-Facility Test Site

is an inpatient inpatient facility. This testing program must be an **ACCOMMODATED** certified facility (with a plan). (High volume users may use Internet electronic application submission. Call 800-333-8884 for WebSite test application options and training.)

Name of Site: _____ 4 Digit Test Site # _____
 Contact Person: _____ Phone: _____
 Contact Person E-Mail: _____ Fax Number: _____
 Name of Test Observer: _____
 Date of Testing: _____ Start time for Testing: _____ AM flight start _____ PM flight start
 Site Address: _____ City: _____ State: _____ Zip Code: _____
 List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

2

Exam Types and Fee Payment: (Form 1402 AZ)

NO PERSONAL CHECKS ACCEPTED

# Requested	Tests/ Service Requested	Self-Pay Candidate	Skilled Nursing Facility Rate Only	Totals
	Written Test or Written Retake - Available in English Only	\$28.00	\$19.00 each	
	Oral Written Test or Retake - Available in English Only	\$28.00	\$24.50 each	
	Skill Test or Skill Retake	\$80.00	\$80.00 each	
	Priority Fax Service (406-442-3357)	\$5.00	\$5.00 each	
	Overnight Shipping	\$19.50	\$19.50	
	Express Service Fee	\$13.00	\$13.00 each	
	No Show	NO REFUND	\$40.00 (no reimbursement)	
	Reschedule	\$28.00	\$28.00 (no reimbursement)	
	Cancellation	\$28.00	\$28.00 (and no reimbursement from State Board of Nursing)	
	Test Review Fee	\$28.00	\$28.00	
			GRAND TOTAL:	\$

3

Check method of payment: Check (Facility Only) Cashier's Check Money Order Visa MasterCard

Card #: _____ Expiration Date: _____ Authorized Signature: _____
 (Print name as it appears on your credit card): _____ Zip Code: _____

4

ADA ACCOMMODATION

I need special accommodations under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404 AZ is available at www.headmaster.com or call HEADMASTER at 800-333-8884.

I also authorize a fax fee of \$5.00 charged to my credit card [] I faxed my application into HEADMASTER. I also understand that if this is my first time testing that I must take both the written and skill test. If this is a re-take test I must re-test only on the portion that I failed. I understand that if I paid by credit card that my credit card bill be billed for both the written and skill test for the portion of the test that I failed plus the fax fee. **PLEASE CALL 800-333-8884 IF YOU DO NOT RECEIVE AN E-MAIL OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. ***NO PERSONAL CHECKS ACCEPTED*****

Candidate Social Security Number or Test Identification Number (located on your test results letter): _____
 Candidate Signature: _____
 (UNSIGNED APPLICATIONS WILL BE RETURNED)

5

- Put your First and Second Test Choice Sites and Dates (available by looking at the 3 Month Test Schedule on our website – first button under Candidate Forms).
- Check the tests you will be taking (Written \$28 – Skill Test \$80).
- Check your payment method (**Money Order & Cashier Checks payable to HEADMASTER**) or put in your credit card information (may fax in CC pmnts, and there is an additional \$5.00 fax fee for this service).
- Write your Social Security Number in.
- Sign the bottom of the form (unsigned applications will be returned for signature).

Send your completed **SCHEDULING & PAYMENT FORM 1402** and **PAYMENT** to Headmaster. You will be sent a Test Confirmation Letter once scheduled.

TAB 6

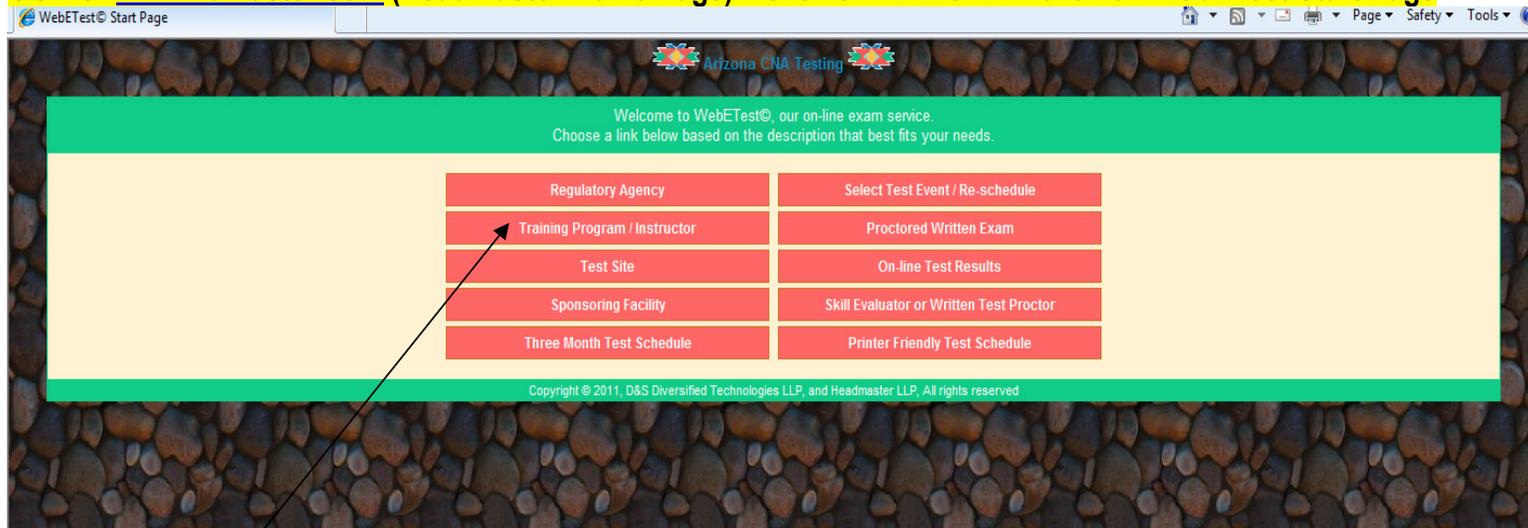
Scheduling Candidate to Test

(by Training Program)

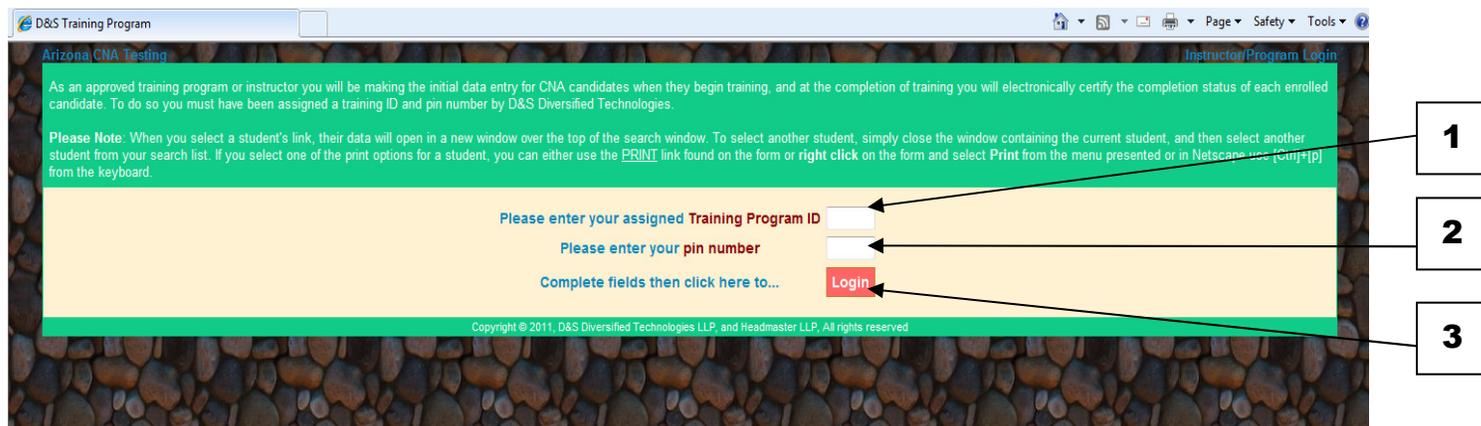
SCHEDULING CANDIDATES TO TEST (BY TRAINING PROGRAM)

(after training is completed *and* exam fees have been paid)

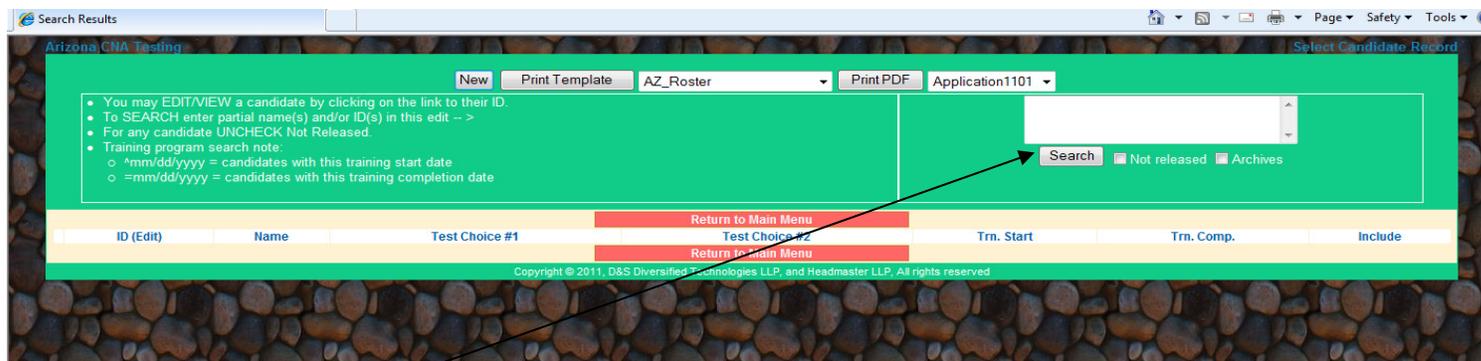
GO TO: www.hdmaster.com (Headmaster Home Page) – click on ARIZONA – click on WebETest Start Page



Click on TRAINING PROGRAM / INSTRUCTOR



1. Enter your Training Program ID#
2. Enter your Pin Number
3. Click on LOGIN



Search Results

Arizona CNA Testing

New Print Template AZ_Roster Print PDF Application1101

You may EDIT/VIEW a candidate by clicking on the link to their ID.
 To SEARCH enter partial name(s) and/or ID(s) in this edit -->
 For any candidate UNCHECK Not Released.
 Training program search note:
 o *mm/dd/yyyy = candidates with this training start date
 o =mm/dd/yyyy = candidates with this training completion date

Search Not released Archives

Return to Main Menu

	ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.	Include
Hold	4170-602-520	5, PRACTICE CANDI	///-	///-	///	04/10/2011	<input type="checkbox"/>
Hold	5170-602-520	6, PRACTICE CANDI	///-	///-	///	04/03/2010	<input checked="" type="checkbox"/>
Hold	6170-602-520	7, PRACTICE CANDI	05/24/2011-E811	///-	///	04/10/2011	<input checked="" type="checkbox"/>
Hold	2157-820-311	ARIZONA, FIVE	///-	///-	///	09/01/2010	<input checked="" type="checkbox"/>
Hold	0340-220-302	ARIZONA, FOUR	///-	///-	///	09/01/2010	<input checked="" type="checkbox"/>
Hold	1362-723-720	ARIZONA, ONE	///-	///-	///	08/05/2010	<input checked="" type="checkbox"/>
Hold	2181-673-461	ARIZONA, SIX	///-	///-	///	09/01/2010	<input checked="" type="checkbox"/>
Hold	7731-173-720	ARIZONA, THREE	///-	///-	///	05/01/2010	<input checked="" type="checkbox"/>
Hold	7437-352-381	ARIZONA, TWO	///-	///-	///	05/01/2010	<input checked="" type="checkbox"/>
Hold	8668-550-831	BROWN, TAMMY ANN	///-	///-	///	09/15/2010	<input checked="" type="checkbox"/>
Hold	8416-140-252	BUNNY, BAXTER	///-	///-	///	01/20/2007	<input checked="" type="checkbox"/>
Hold	0583-331-831	CANDIDATE, SAMPLE	///-	///-	07/01/2011	07/18/2011	<input checked="" type="checkbox"/>

1. HOLD in the far left column means the candidate's testing fees have not been paid.
2. No Hold in the column means testing fees have been paid the candidate can be scheduled to test.
3. Click on CANDIDATE'S ID

Arizona CNA Testing

Edit Candidate Record (Training)

Submit Updates

NOTE: The BOLD fields are required.
 The *italic* fields are read only and will be automatically completed when the record is saved.

Personal Information : Last Updated 07/18/2011 15:32 MT

Soc. Sec. Number **555555555**

First Middle Last SAMPLE TEST CANDIDATE

Maiden (Other name)

Address 3310 MCHUGH LANE

City ST Zip MESA AZ 85202

Home Phone (602)442-1224 (ccc)ppp-####

Work or Cell Phone (602)442-1234 (ccc)ppp-####

Email Address hdmaster@hdmaster.com

Date of Birth 01/01/1970 (mm/dd/yyyy)

Test Date Selection

View Test Schedule

Site: Select a test site...

Date: Select a test date

Test Options: Oral

Please note that after Choosing and then Accepting a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.

ADA Request Status

Accommodation Requested

ADA Accommodation Forms

Please Note: Selection of this option requires submission of the documents available through the link above. You will be unable to test until all required documentation is received and the status of your request has been determined.

Training Program

ID 9991 View Approved Programs

Class/lab Hours 140

Clinical Hours 40 Traineeship Hours

Name PRACTICE TEST SITE

Address 3310 MCHUGH LANE

City, St HELENA, MT 59602

Started 07/01/2011 (mm/dd/yyyy)

Completed 07/18/2011 (mm/dd/yyyy)

Expires 07/18/2013 (mm/dd/yyyy)

Graduated? YES NO requires reason...

If NO, due to... Select...

Please Note: By selecting a Graduated Status of "YES", you are attesting that you are an authorized representative of the above training program, and that this candidate has successfully completed the stated training.

Funding Status

SELF PAY: If checked this indicates that the candidate is paying for their exam. If *not checked*, then the *sponsoring facility* indicated below is responsible for paying the testing fees.

Sponsor (facility paying for exam)

Sponsor ID 9991 PRACTICE TEST SITE

Please Note: If this candidate's testing fees are being paid by a facility other than yours, then their facility ID

VIEW TEST SCHEDULE – is now visible.

Select a TEST SITE and TEST DATE from the drop down lists.

Once done selecting test event, click on **SUBMIT UPDATES** (the **SAVE** button). The test confirmation letter will pop up to be printed (next page)

Test Date Selection

View Test Schedule

Site: 0134 NORTHLAND PIONEER COLLEGE - WHT MTN CAMPUS, SHOW LOW

Date: 08/03/2011 H626 13:00 MT

Test Options: Oral

If the candidate needs an ORAL test, you would check this box.

An ORAL test means the candidate will listen to the questions read to them from a cassette tape or through the computer speakers.

HEADMASTER Arizona Nurse Aide Testing

Test Date: 01/27/2012
Test Site: CNA ARIZONA
801 S POWER RD, SUITE 203
MESA, AZ

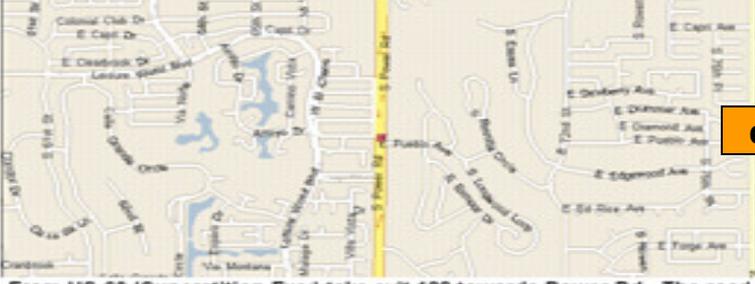
[Print Jan 26, 2012](#)

4 SAMPLE TEST CANDIDATE
0000 HELENA AVENUE
TEMPE AZ 85282

- 5**
- **TESTING BEGINS AT 07:30 ARRIVE AT LEAST 20 MINUTES EARLY TO CHECK-IN.** Please plan for all day.
 - Please bring a non-expired signed government issued photo ID (drivers license, state ID or Military ID).
 - If you forget your ID or arrive late you will not be permitted to test and you will have to reschedule & re-pay.
 - To login use your **TEST ID#: 0000-000-000** and your **PIN#: XXXX**
 - If you are unable to Reschedule on-line call Headmaster at 800-303-8004 for assistance. You will be granted one free reschedule - provided you call Headmaster at least 1 business day prior to your test. A \$35 reschedule fee will be charged for all additional reschedules.
 - ADA accommodation requests must be submitted with your application and approved prior to testing.
 - You may not test if you have any type of temporary physical limitation that would prevent you from performing duties as a CNA (casts, crutches, etc.) or if you have a contagious illness.
 - If you have been on "Light Duty" at work you will not be allowed to test without a Doctor's Release.
 - **FAMILY MEMBERS, READERS AND PETS ARE NOT PERMITTED IN THE TESTING AREA.**
 - **CELL PHONES, ELECTRONIC DEVICES AND PERSONAL ITEMS ARE NOT PERMITTED IN THE TESTING ROOM.** Anyone caught using any of these devices during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months.
 - To cancel your test, you **MUST** submit your request in writing, fax or email to Headmaster. Your request to cancel must be received in our office at least 24 business hours prior to your test time. You will be charged a \$20.00 cancellation fee that partially offsets costs incurred and will be refunded any remaining balance of your testing fee.
 - READ the NA candidate handbook available from the Arizona CNA page on www.headmaster.com

Form 1240
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CNA ARIZONA
801 S POWER RD, SUITE 203, MESA AZ 85206



Driving Directions
Please refer to the map.

From US-60 (Superstition Fwy) take exit 188 towards Power Rd. The road name will change to Local Rds. Turn left onto S Power Rd.

TEST CONFIRMATION LETTER

1. MESSAGE SENT TO – Confirmation of email sent (if candidate has email)
2. TEST DATE – Date of test
3. TEST SITE: Name and address of test site
4. CANDIDATE’S name and mailing address where hard copy is sent (if sent to candidate).
5. TESTING BEGINS AT: Start time (in military time) of test event. All start times are local times. Other information regarding their test event (ID to bring, time to check-in, etc.
6. MAP OF TEST SITE: Any site specific directions will be in box to the right of the map.

TAB 7

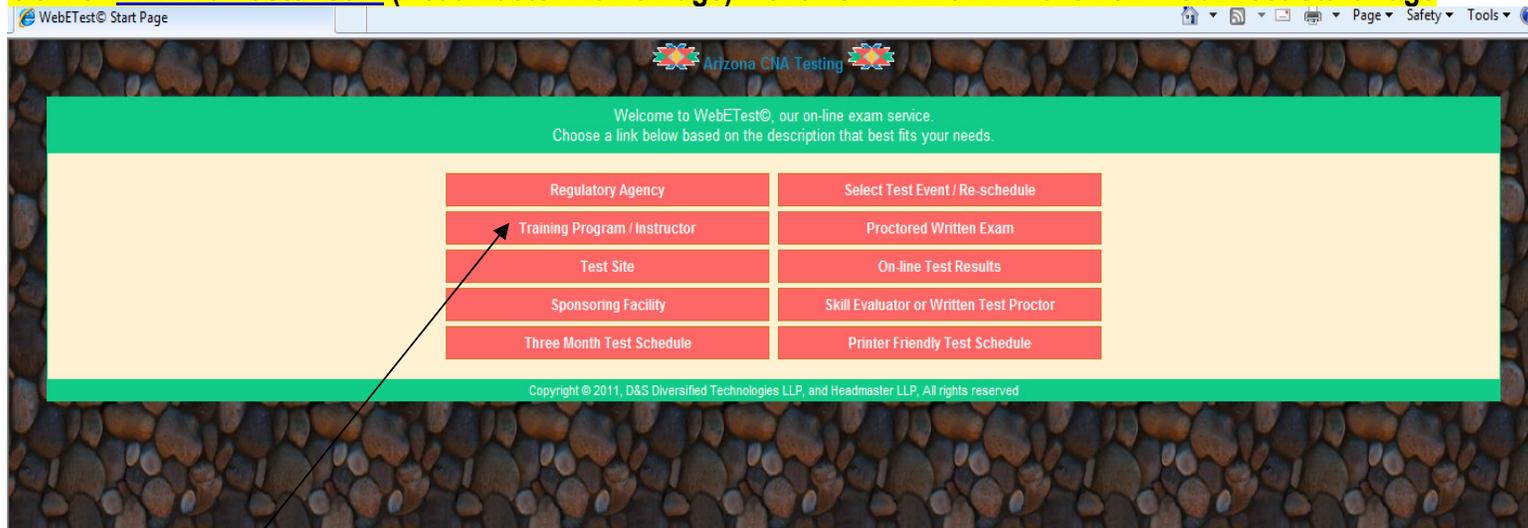
Pre-Populated Templates

**ROSTER
SCHEDULING DIRECTIONS
STUDENT FILE
VERIFICATION**

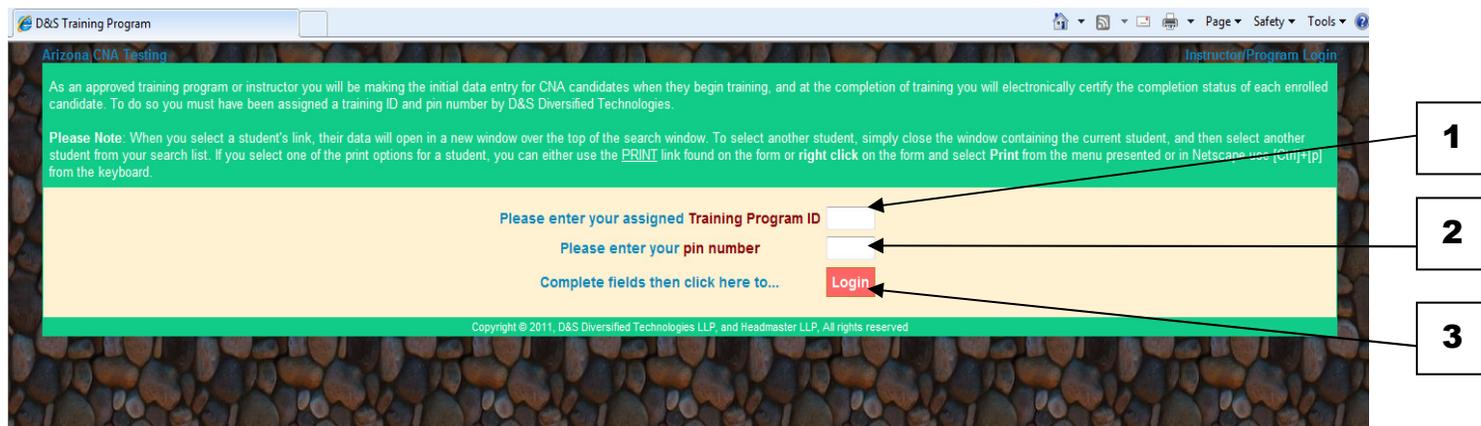
PRE-POPULATED TEMPLATES

(forms available after candidates are entered in WebETest®)

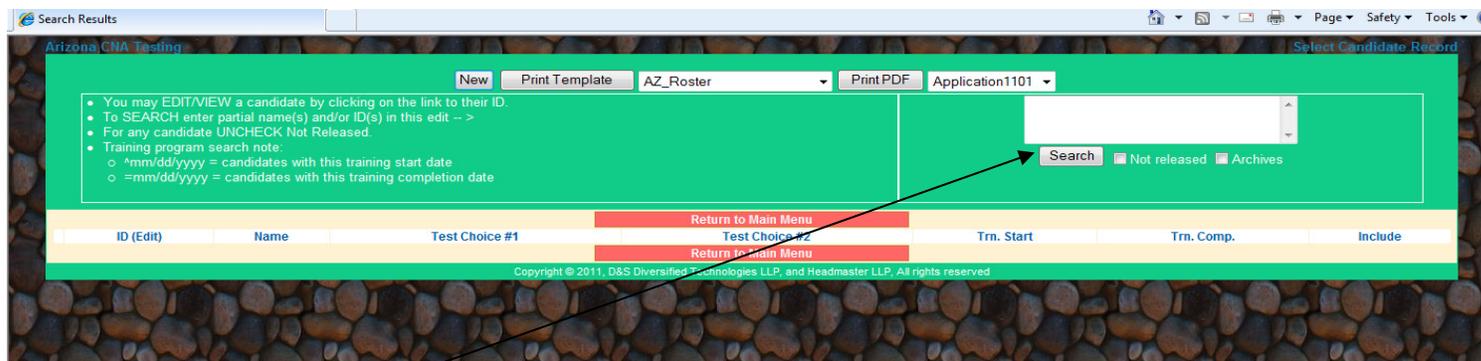
GO TO: www.hdmaster.com (Headmaster Home Page) – click on ARIZONA – click on WebETest Start Page



Click on TRAINING PROGRAM / INSTRUCTOR



- 1. Enter your Training Program ID#**
- 2. Enter your Pin Number**
- 3. Click on LOGIN**



Click on SEARCH

3

Arizona CNA Testing Select Candidate Record

New AZ_Roster Application1101

- You may EDIT/VIEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit -- >
- For any candidate UNCHECKED Not Released.
- Training program search note:
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date

AZ_Roster
 AZ_Scheduling_Directions
 AZ_StudentFile
 AZ_Verification

Search Not released Archives

Return to Main Menu

	ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.	Include
Hold	4170-802-520	5, PRACTICE CANDI	///-	///-	///	04/10/2011	<input type="checkbox"/>
Hold	5170-802-520	6, PRACTICE CANDI	///-	///-	///	04/03/2010	<input type="checkbox"/>
Hold	6170-802-520	7, PRACTICE CANDI	05/24/2011-E811	///-	///	04/10/2011	<input type="checkbox"/>
Hold	2157-820-311	ARIZONA, FIVE	///-	///-	///	09/01/2010	<input type="checkbox"/>
Hold	0340-220-302	ARIZONA, FOUR	///-	///-	///	09/01/2010	<input type="checkbox"/>
Hold	1362-723-720	ARIZONA, ONE	///-	///-	///	08/05/2010	<input type="checkbox"/>
Hold	2181-673-461	ARIZONA, SIX	///-	///-	///	09/01/2010	<input type="checkbox"/>
Hold	7731-173-720	ARIZONA, THREE	///-	///-	///	05/01/2010	<input type="checkbox"/>
Hold	7437-352-381	ARIZONA, TWO	///-	///-	///	05/01/2010	<input type="checkbox"/>
Hold	8668-550-831	BROWN, TAMMY ANN	///-	///-	///	09/15/2010	<input type="checkbox"/>
Hold	8416-140-252	BUNNY, BAXTER	///-	///-	///	01/20/2007	<input type="checkbox"/>
Hold	0583-331-831	CANDIDATE, SAMPLE	08/03/2011-H828	///-	07/01/2011	07/18/2011	<input checked="" type="checkbox"/>

2

1

- Select the candidates you want the template to be created for by having a checkmark in box under Include (you can search for candidates with specific training start dates or completion dates by typing ^00/00/0000 or =00/00/0000 in the box above the Search button)
- Select the TEMPLATE you want
- Click on PRINT TEMPLATE

AZ VERIFICATION

This form is recommended after you enter your candidates when they start training. Print the Verification Form out for each candidate and give to them to verify that their personal information you have entered is correct.



ARIZONA STATE BOARD OF NURSING
 CERTIFIED NURSING ASSISTANT
 4747 North 7th Street, Suite 200
 Phoenix, AZ 85014-3655
 (602)771-7800

**CNA Certification by Examination
Demographic Verification**

Last Name: CANDIDATE		First Name: SAMPLE	Middle Name: TEST
Former Name:		Gender:	
Social Security Number: 555-55-5555		Date of Birth: 01/01/1970	
Mailing Address: 3310 MCHUGH LANE	City: MESA	State: AZ	Zip Code: 85202
Phone: (602)442-1224	Work: (602)442-1234	Email: hdmaster@hdmaster.com	
Special Test Needs: None		ADA Accommodation: None	

Applicants' Signature

Date of Signature

AZ ROSTER

Pre-populated Nurse Aide Training Registration Roster



ARIZONA STATE BOARD OF NURSING
CERTIFIED NURSING ASSISTANT
4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
(602)771-7800

NURSE AIDE TRAINING REGISTRATION ROSTER

Facility OR Training Program: PRACTICE TEST SITE	Alpha Code:	
Address: 3310 MCHUGH LANE	D&S Code: 9991	
City: HELENA	State: MT	Zip Code: 59602
Phone Number: (406)442-8656	Fax Number: (000)000-0000	
Contact:	Phone Number: (000)000-0000	

ID	Last Name	First Name	Middle Name	Address	City	Training Start Date	Training Completion Date
555-55-5555	CANDIDATE	SAMPLE	TEST	3310 MCHUGH LANE	MESA , AZ	07/01/2011	07/18/2011

Do Not alter this form in any way or it will invalidate training verification.

I verify that the students listed on this training roster have successfully completed a Board approved Nurse Aide Training Program.

Program Coordinator Signature

Arizona State Board of Nursing
Certified Nursing Assistant
4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655

Administrator Signature

Headmaster LLP
P.O. Box 6609
Helena, MT 59604-6609

Date

Revised 4/20/2011

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Form 1601AZ

AZ SCHEDULING DIRECTIONS

Print out and give to candidates and they may go on-line and pay their exam fees and schedule themselves.

Headmaster LLP
P.O. Box 6609, Helena, MT 59604-6609
Toll Free: (800)393-8664 Fax: (406)442-3357
Website: www.hdmaster.com
Email: hdmaster@hdmaster.com

SAMPLE TEST CANDIDATE
3310 MCHUGH LANE
MESA AZ 85202

SAMPLE ,

To schedule your Arizona Nursing Assistant exam with Headmaster, please refer to the instructions below:

You may schedule your exam date on-line at any time at www.hdmaster.com.

- ☐ Click on the "Arizona" link listed under "Nurse Aide". When you reach the Arizona webpage click on "Student/Candidate".
- ☐ You will need your **TEST ID# [0583-331-831]** and your **PIN# [v*tJ]** to login.
- ☐ Before paying or scheduling your test you must read and acknowledge the attestation paragraph at the bottom of the page.
- ☐ You must make payment for the test before you will be able to schedule. The prepay by credit card option is under the Self-Pay or Sponsored section.
- ☐ [View Test Schedule](#) to see available exam dates.
- ☐ Select a test site... from the drop-down list.
- ☐ Select a test date from the drop down list.
- ☐ **Submit Updates to schedule test.**
- ☐ Print the exam confirmation letter provided (If you do not see a separate screen with your test confirmation, you are not scheduled to test).

If you do not have Internet access, you will need to mail or fax Headmaster forms 1101 and 1402 along with a copy of your training certificate and your payment to the address or fax number listed above. If you have any questions on this process please contact Headmaster at (800)393-8664 and our staff will assist you.

Form 1240

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TAB 8

Pre-Populated

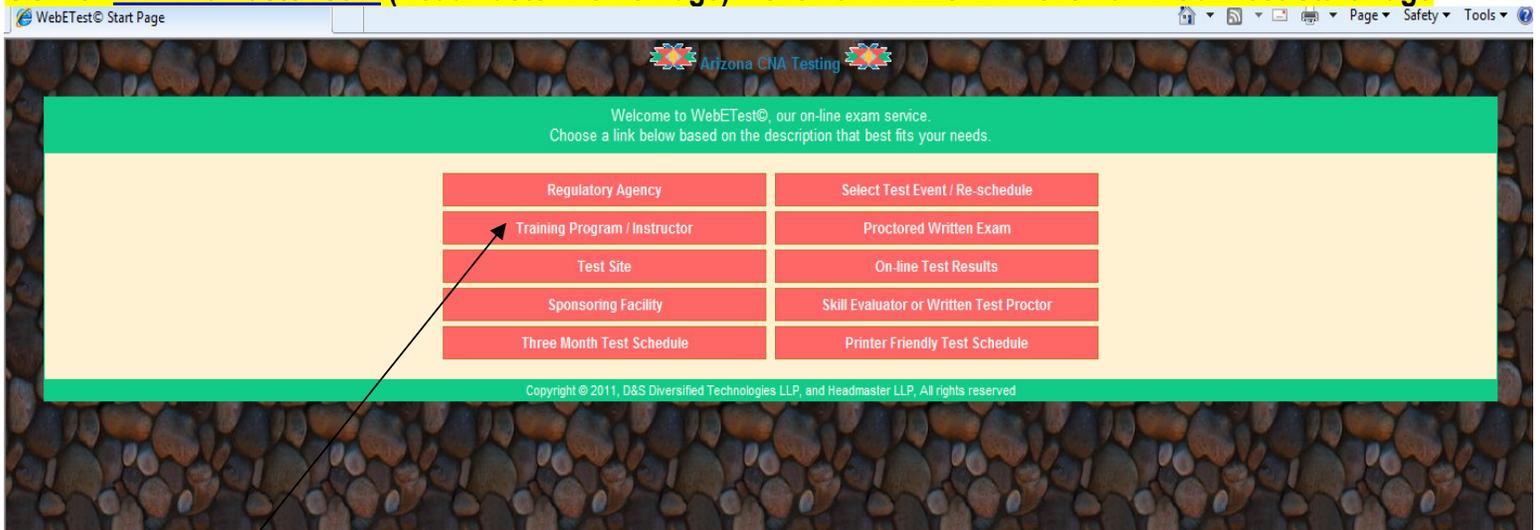
PDF's

**CERTIFICATE OF TRAINING COMPLETION
ARIZONA BOARD OF NURSING APPLICATION
HEADMASTER APPLICATION (FORM 1101)**

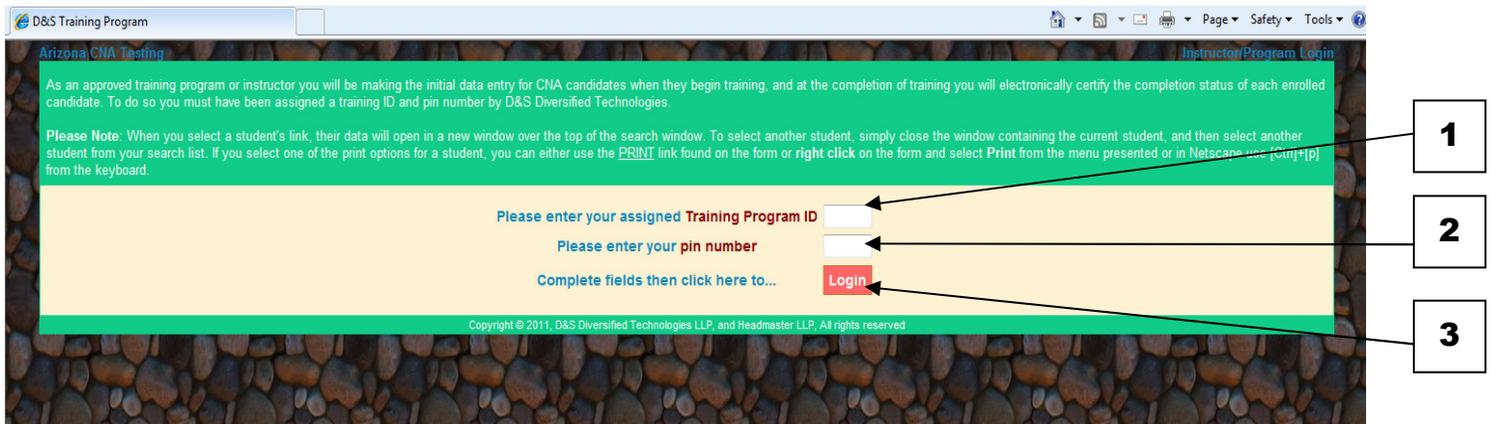
PRE-POPULATED PDF'S

(Forms available after candidates are entered in WebETest© and have completed training)

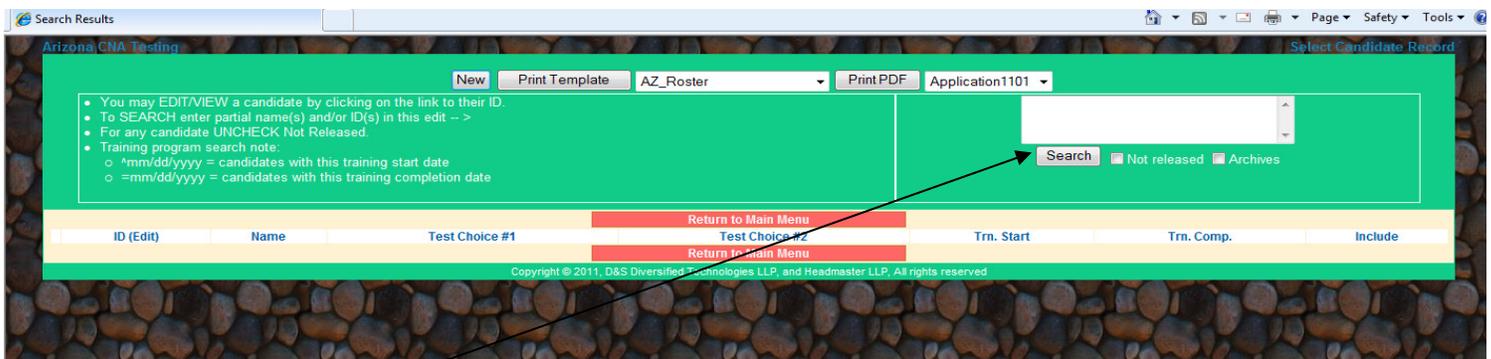
GO TO: www.hdmaster.com (Headmaster Home Page) – click on ARIZONA – click on WebETest Start Page



Click on TRAINING PROGRAM / INSTRUCTOR



- 1. Enter your Training Program ID#**
- 2. Enter your Pin Number**
- 3. Click on LOGIN**



Click on SEARCH

Search Results

Arizona CNA Testing

New Print Template AZ_Roster Print PDF Application1101

Application1101
AZBN_CNA_Application
Certificate

Search Not released Archives

You may EDIT/VIEW a candidate by clicking on the link to their ID.
 To SEARCH enter partial name(s) and/or ID(s) in this edit -->
 For any candidate UNCHECK Not Released.
 Training program search note:
 o *mm/dd/yyyy = candidates with this training start date
 o =mm/dd/yyyy = candidates with this training completion date

Return to Main Menu

ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.	Include
0583-331-831	CANDIDATE, SAMPLE	08/03/2011-H208	/ / -	07/01/2011	07/18/2011	<input checked="" type="checkbox"/>

Return to Main Menu

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1. Select the candidate for which you want to print an application or certificate for by putting a checkmark in the box in the "Include" column (you can search for candidates with specific training start dates or completion dates by typing ^00/00/0000 or =00/00/0000 in the box above the Search button)
2. Select either HEADMASTER APPLICATION 1101, AZBN CNA APPLICATION or CERTIFICATE
3. Click on PRINT PDF

*******Remember that some fields are pre-populated and that there are fields that will still need the candidate to "hand write" the information in.*******

HEADMASTER 1101 APPLICATION

This application does not need to be mailed into Headmaster (as your candidates are already in our system), it is optional to print for your candidates.

 D&S Diversified Technologies LLP Headmaster LLP	HEADMASTER LLP P.O. Box 5609, Helena, MT 59604-6609 800-393-8664 Fax: 406-442-3357 www.headmaster.com	Innovative, quality technology solutions throughout the United States since 1985.
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Form 1101AZ Updated 8-3-2011

ARIZONA NURSING ASSISTANT (NA) EXAMINATION APPLICATION (FORM 1101)

INSTRUCTIONS: (Also see www.headmaster.com)

1. DO NOT mail this NA Examination Application to the Arizona State Board of Nursing (AZBN).
2. Complete this NA Examination Application. Completed paper applications must be received at HEADMASTER 8 business days prior to the testing day excluding Saturdays, Sundays & Holidays or express charges will occur.
3. Send this completed application with payment to P.O. Box 8808-Helena, MT 59804-8808.
4. You must include proof of completion of an Arizona State Board of Nursing (AZBN) 120 hour approved NA training program and proof of employment as a NA if your NA training was completed more than 2 years ago OR include a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN. (Available from the Arizona Board of Nursing or at www.headmaster.com)

NOTE: Facilities MAKE ALL CHECKS PAYABLE TO HEADMASTER. ***CANDIDATE PERSONAL CHECKS ARE NOT ACCEPTED*******

Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion.)

This application is filled out completely and signed where required.
 Exam payment is included with the testing application.
 I have attached proof of my 120 hours of NA training to this application OR included a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN.

CANDIDATE INFORMATION: (Form 1101) Print clearly (Use Ink) or Type (High volume users on-line registration is available at www.headmaster.com)

Social Security No. 5 5 5 - 5 5 - 5 5 5 5 (Mandatory: Your Social Security number will only be shared with the Arizona State Board of Nursing)

Applicant's Name CANDIDATE SAMPLE TEST

Mailing Address Last 3 3 1 0 First MCHUGH MI LANE Maiden/Formar Name

City MESA State AZ County MARICOPA Zip 85202

Home Telephone (602) 442-1224 Message/Work Phone (602) 442-1234

Birth Date (Month/Day/Year) 01 / 01/1970 E-Mail Address: hdmaster@hdmaster.com
 (Mandatory) Providing your email address is your authorization for us to use it for test confirmation and results letters.

I have successfully completed an AZBN approved 120 hour Nursing Assistant Training Program within the past 24 months OR I have completed an AZBN approved training program more than 2 years ago and have attached proof of employment to show that I have performed nursing assistant duties during every 24 month period since completing the training program OR I have attached a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN.

Program Code # 9991 Program Name PRACTICE TEST SITE (On Certificate) City HELENA

Date Completed 07 / 18 / 2011 Contact Person _____
 If facility is paying for your test, this section must be completed by Nursing Supervisor

Facility Name _____ Phone _____
 Address _____ Contact Person _____

Signature of Nursing Supervisor _____ Date _____

The written test is also available orally. If you desire your written test to also include an audio reading place an X in this box.

6. I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any cancellation, rescheduling, or dispute fees incurred as described in the Arizona candidate handbook. I also authorize a fee of \$5.00 charged to my credit card if I faxed my application into HEADMASTER. I also understand that if this is to my first time testing that I must take both the written and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the written and skill test or for the portion of the test that I failed plus the fee (if applicable). PLEASE CALL 800-393-8664 IF YOU DO NOT RECEIVE AN EMAIL OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. *****NO PERSONAL CHECKS ACCEPTED***** Complete paper applications must be received 8 business days prior to the testing day (excluding Saturdays, Sundays & Holidays) or I understand and agree that express charges will be applied per candidate.

Candidate Signature _____ Date _____

Candidate MUST sign to verify acceptance (UNSIGNED APPLICATIONS WILL BE RETURNED)

Arizona Examination Application Form 1101 Updated: 03/2011 Printed: 1/23/2011

CERTIFICATE OF COMPLETION OF TRAINING

Effective January 1, 2012 – all training programs in Arizona must be printing this Certificate of Completion for candidates completing their programs.

SIGNATURE-LESS CERTIFICATES: It is optional to have the certificate signed – there is a **VALIDATION CODE** (bottom of the certificate) on the certificate that has been approved by AZBN in lieu of a signature. Please call Headmaster at 1-800-393-8664 if you have any questions.



Certificate Of Successful Completion

This is to verify that

SAMPLE CANDIDATE

successfully completed an
Arizona State Board of Nursing approved
Nurse Aide Training Program
on this

18th day of July, 2011

presented by

9991 - PRACTICE TEST SITE

Program Code - Training Program

3310 MCHUGH LANE, HELENA, MT 59602

Training Program Address

Class-Lab Hours: 140 Clinical Hours: 40 Traineeship Hours: _____

According to the regulations of the State, presentation of this Certificate is required in order for the individual to participate in the written examination and performance demonstration components of the Competency Evaluation Program (CEP). Both components of the CEP must be successfully completed within twenty-four months from the date on this Certificate.

Signature

Date Signed

Validation Code: Oct 31, 2011 17:05

ARIZONA BOARD OF NURSING APPLICATION



ARIZONA STATE BOARD OF NURSING
Application for Certified Nursing Assistant (CNA)
Certification by Examination

*** DENOTES A REQUIRED FIELD - PRINT CLEARLY IN ALL CAPITAL LETTERS**

*** PLEASE DO NOT SUBMIT APPLICATION UNTIL YOU HAVE PASSED YOUR WRITTEN AND SKILLS STATE CNA EXAM**

Did you enclose money with your application to purchase:
 *An optional (\$50 fee) wallet size CNA certificate? Yes No
 *An optional (\$50 fee) to have your fingerprints processed before you pass your test? Yes No
 (If you pay to have fingerprint card processed before testing, you must submit your application with the fingerprint card and fee.)

FOR OFFICE USE ONLY

FPC FResults
 EDU POE
 TEST OTHER:

***1. DEMOGRAPHICS**

*Applicant's Legal First Name: S A M P L E

*Middle Name: T E S T

*Applicant's Legal Last Name: C A N D I D A T E

*Former Last Names: _____

*SSN: 555-55-5555 *Date of Birth: 01/01/1970

*Birth City: _____

*Birth State/Province: *Birth Country (Example USA): _____

Gender: Female Male
 Marital Status: Never Married Divorced Married Widowed Separated
 Ethnicity: Black - Not of Hispanic Origin Hispanic
 White - Not of Hispanic Origin Multi Racial
 Asian/Pacific Islander Other
 American Indian/Alaskan

***2. CONTACT INFORMATION (Either a home or cell phone number is required)**

*Home Phone Number: (602) 442-1234

*Cell Phone Number: (602) 442-1234

E-Mail Address: h.d.m.a.s.t.e.r@h.d.m.a.s.t.e.r.c.o.m

Please print e-mail address clearly. E-mail address is used for notification of renewal dates and pertinent Board related information. E-mail address is not shared, sold, or otherwise disseminated by the Arizona Board of Nursing. E-mail address should be kept up to date at www.azbn.gov/ty-services.

C N A E A A

***3. HOME ADDRESS**

*Street Address Line 1: _____

Street Address Line 2: _____

*City: _____

*State/Province: *Zip Code:

*County (Example Maricopa): _____

*Country (Example USA): _____

4. MAILING ADDRESS

Street Address Line 1: 3310 M C R U G H L A N E

Street Address Line 2: _____

*City: M E S A

*State/Province: A Z *Zip Code: 85202

*County (Example Maricopa): M A R I C O P A

*Country (Example USA): _____

***5. Are you or have you been a certified/licensed CNA in another state?** Yes No

If yes, list the state(s) and certificate number(s) from any other state(s) where you are certified.

State	Certificate Number	Status	Active	Expired
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***6. Did you receive a high school diploma/GED?** Yes No

C N A E B B

***7. NURSING ASSISTANT TRAINING PROGRAM ATTENDED**

Program must submit documentation to the Board to verify completion *Program Code: 49991

*Name: P R A C T I C E T E S T S I T E

*Address: 3310 M C R U G H L A N E

*City: H E L E N A

*State/Province: M T *Zip Code: 59602

*Date of Graduation (Month/Day/Year): 07/18/2011

Provide a copy of the training program certificate showing completion of a total of 120 hours of clinical and classroom instruction.

***8. CURRENT EMPLOYMENT**

*Employer Name: _____

*Street Address Line 1: _____

*City: _____

*State/Province: *Zip Code:

*Start Date: / / End Date: / /
Leave Blank if Current

*Title: _____

*Phone Number: () -

*Supervisor's Name: _____

*Supervisor's Title: _____

*Supervisor's Phone Number: () -

*Employment: Full Time Part Time

C N A E C C

CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? No Yes

If yes, submit with your application a legible xeroxed copy of one of the documents from List A. See the instructions for List A. If you have already submitted a proof of citizenship/nationality document after 1/1/08 you will not need to submit the document again.

Type of document you are submitting: _____

Expiration Date, if any (mm/dd/yyyy): _____ / _____ / _____

If you are a citizen or national of the United States, go directly to next page. If you are not a citizen or national of the United States, complete below.

ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible xeroxed copy of the front and back of a document from the attached List B with your application.

"Qualified Alien" Statuses

A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
 B. An alien who is granted asylum under Section 208 of the INA.
 C. A refugee admitted to the United States under Section 207 of the INA.
 D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
 E. An alien whose deportation is being withheld under section 243(b) of the INA.
 F. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
 G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
 H. An alien who has, or whose child or child's parent has, been declared a "battered alien" or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a)(2))

I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a)(3))

J. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

K. A nonimmigrant whose visa for entry is related to employment in the United States
 L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.].
 M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, submit with your application a legible xeroxed copy of one of the documents from List B. See the instructions for List B.

Type of document you are submitting: _____

Expiration Date, if any (mm/dd/yyyy): _____ / _____ / _____

CITZ

***9. APPLICATION QUESTIONS (must complete and sign before submitting)**

i. Have you ever:

A. Been convicted, entered a plea of guilty, no to contend or no contest, been sentenced or served time in jail for any **felony or undesignated offense**?

B. Had prosecution deferred or probation deferred in any **felony or undesignated offense**?

C. Had a **felony or undesignated offense** pardoned, expunged, dismissed, deferred, reclassified or redesignated?

No Yes If yes, provide ALL of the following for each **felony or undesignated offense**:

- A detailed **written explanation** of the details of each arrest conviction and sentence.
- A copy of the police report for each **felony or undesignated offense**.
- A copy of court documents indicating type of conviction, conviction date, and sentence including the date of absolute discharge.

ii. Is there currently a complaint, investigation, or is disciplinary action pending against your nursing license, CNA certificate or, any other health care or non health care related license or certification you hold in any other state or territory of the United States?

No Yes If yes, provide:

- A detailed **written explanation** regarding the current investigation or pending disciplinary action.
- A copy of the documentation regarding the current investigation or pending disciplinary action.

iii. Have you ever had disciplinary action or revocation taken on a license/certificate, health care or non health care related, in any state or territory of the United States (excluding action taken with the Arizona Board of Nursing)?

No Yes If yes, provide:

- A detailed **written explanation** regarding the action.
- A copy of the documentation regarding the action.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION.

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that:

- He/She is the person referred to in the foregoing application;
- The statements are true in every respect to the best of his/her knowledge;
- He/She has not suppressed any information that would affect this application;
- He/She will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- He/She has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate;
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

*** REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP/LAWFUL PRESENCE STATUS DOCUMENTATION ON 8 1/2 BY 11 PAPER WITH THE APPLICATION**

Applicant's Signature _____

Date _____

PLEASE NOTE: It may take 1-2 months to process your application. If your application is not completely filled out if the fee is incorrect, it will be returned to you and further delay the process. You may check to see if your certification has been issued by visiting our website and using our online verification system to verify your certification. Our website is www.azbn.gov.

Please staple all pages of the application together with documentation of citizenship/legal presence and mail to:
ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655

C N A E D D