

# D&S Diversified Technologies

PO Box #418, FINDLAY, OH 45839-0418

Toll Free 877-201-0758 – Local 419-420-1605 - fax 419-422-8367 - www.hdmaster.com

**PROVIDING CNA TESTING SOLUTIONS THROUGHOUT DELAWARE**

## D&S Diversified Technologies TESTING AND REGISTRY APPLICATION Verification Form

Completed forms 1402 DE and 1101 DE MUST accompany this form  
Please type or print.

### Nursing Student Certificate of Verification

Complete ONLY if you checked #2 on the reverse side of this form.

I verify that \_\_\_\_\_  
is currently enrolled in a program of nursing education approved by the Delaware Board of Nursing, or by an agency of another state that regulates nursing education, and that this individual has successfully completed a "Fundamentals/Basic Nursing" course with a clinical component.

School of Nursing name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

### Lapsed Certificate Affidavit

Complete ONLY if you checked #4 on the reverse side of this form.

I verify that my Delaware Nursing Assistant Certification lapsed and I am requesting to be tested without a current training certificate.

Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Best PHONE number where you can be reached: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Certificate of Military or Hospital Nursing Assistant Training Verification

Complete ONLY if you checked #3 on the reverse side of this form.

I have completed a military nursing assistant course or hospital-based nursing assistant training course of at least 150 hours with a curriculum comparable to the curriculum content of Section 69.303 of the state regulations for the Training and Qualifications of Nursing Assistants and Certified Nursing Assistants and have performed nursing-related services within the past 24 months.

Please attach a copy of your course completion certificate AND proof of nursing related employment (i.e. paycheck stub or a letter from your employer on a company letterhead.)

Authorized Signature: \_\_\_\_\_

Branch of Military you served/Name of Hospital Employed: \_\_\_\_\_

Job Title and brief description of duties performed: \_\_\_\_\_

Best PHONE number where you can be reached: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_