

D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-851-2355 OR 877-201-0758 – FAX 1-419-422-8328 – www.hdmaster.com

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT DELAWARE

June 2009

RE: CNA INSTRUCTOR WORKSHOP FOR NURSE AIDE INSTRUCTORS

Dear Training Facilities,

Below is a list of upcoming CNA instructor and CNA test observer workshops which will be provided by D&S Diversified Technologies in the summer 2009. The **CNA Instructor workshops** are for training program instructors and program coordinators. These workshops are designed to help facilities better understand the testing process for their candidates. **Please send this back to D&S two weeks prior to the workshop date** so we can make every attempt to accommodate those interested in attending the workshop. We can only accept two participants per facility. Please select your 1st and 2nd choice of the workshop location that you would like to attend and mail or fax this form to D&S Diversified Technologies. We do have limited space so you will receive a confirmation letter, fax or call once you are scheduled for a workshop. If you do not hear from us please do not hesitate to call us toll free at 1-877-201-0758 or 1-877-851-2355. Thank you in advance for mailing by the required date. Please feel free to call to confirm your registration.

INSTRUCTOR WORKSHOPS (NO CHARGE)

LOCATION	DATE AND TIME	CHOICE 1 ST OR 2 ND
Dawn Training Center 3700 Lancaster Ave Ste 105 Wilmington, DE 19805-	Tuesday, Aug 18, 2009 2:00 pm – 5:00 pm	
Delaware Tech Terry Campus 100 CAMPUS DRIVE 400 Building Dover, DE 19901-	Monday August 17, 2009 9:00 am- 12:00 pm	

NAME: _____ PHONE : _____

FACILITY: _____ FAX NUMBER: _____

ADDRESS: _____ CITY _____ TN, ZIP: _____

NEW TEST OBSERVER WORKSHOPS:

The test observer workshops are for those interested in administering the testing for the State of Delaware. To qualify to be an observer, **you must be an RN in good standing with the State of DE and have one year long term experience working in a long term care facility as an RN.** You are required to pay a \$ 50 certification fee to attend the test observer workshop. If you are interested in becoming a test observer, please complete the observer portion of this form and mail or fax it back to D&S Diversified Technologies. You will also need to send the completed test observer agreement (form 1500 DE) available at www.hdmaster.com and enclosed **and** an updated resume and copy of your nursing license. **Please send back to D&S by AUG 1ST with a copy of your resume outlining your PAID one year long term care experience in a nursing home setting as an RN and the attached form 1500 with your references completed.** Please mail back by **August 1st** so we can make every attempt to accommodate those interested in attending the workshop. Please feel free to call to confirm your registration.

OBSERVER WORKSHOP (\$50 CERTIFICATION FEE)

LOCATION	DATE & TIME	CHOICE
Sussex Tech Adult Ed Department 17099 County Seat Hwy Georgetown, DE 19947	Friday, August 21, 2009 9:00 am-4:00 pm	

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____, DE ZIP: _____

FACILITY: _____ FAX: _____

For questions please call 1-877-851-2355 or 1-877-201-0758 (fax- 1-419-422-8367 or 1-419-422-8328)

Thank you, Jessica LaBean, Delaware Program Manager

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Form 1500DE

Personal Information: (Please type or print)

Social Security #: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

Date of Birth: _____ 19 _____ Sex: Male Female
(Month) (Day) (Year) (Please circle one)

Phone: (____) _____
Home Work Cell

Nurse Affidavit:

I am a registered nurse: Registry # _____ with at least one year's experience in providing long term care.

Work Experience Verification of one year long term care experience as an RN:

Supervisor of _____ Facility, _____ City phone # _____

Testing Site:

I will be administering D&S DIVERSIFIED TECHNOLOGIES Nurse Aide Written/Oral and/or Skill tests at a DHSS approved facility or lab based setting that meets State of Delaware Health and Social Services and D&S Diversified Technologies requirements. In addition, I will be sure that all necessary materials and equipment are available for the consistent administering of the D&S DIVERSIFIED TECHNOLOGIES Nurse Aide Written/Oral and/or Skill tests as listed on form 1503 DE. I will not administer tests to my own students, family and friends or to candidates trained within a corporate entity or organization that employ me, Also I understand that if I use a person as an actor or WTP that they will not be eligible to test for 6 months.

Verification:

I hereby verify that the above information is true and correct: _____ / ____ / ____
(Applicant Signature) (Date)

Reference:

I certify that the applicant is known to me and the information listed above is true and correct.

(Reference Signature) Address

Reference's Title: _____ Phone #: _____

D&S DIVERSIFIED TECHNOLOGIES use ONLY: TO ID # assigned: _____ on _____
by _____ NURSING LIC. VERIFICATION: DATE _____ EXPIRATION DATE _____

D&S DIVERSIFIED TECHNOLOGIES Official D&S DIVERSIFIED TECHNOLOGIES (form 1500 DE) Revised: 07-08-2004