



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.*

NORTH DAKOTA

ACTOR / WRITTEN TEST PROCTOR TRAINING AFFIDAVIT (FORM 1511ND)

This agreement MUST be accompanied by **FORM 1501ND** (Confidentiality/Non-Disclosure Form)

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

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

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

Address: _____ Phone(____) _____

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

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

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

Address: _____ Phone(____) _____

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

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

Address: _____ Phone(____) _____

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

AN ACTOR MAY NOT BE A NA TEST CANDIDATE WHO HAS NOT TESTED, OR HAS NOT RECEIVED THEIR PASSING TEST RESULTS FROM NDDH. AN ACTOR MAY NOT BE A STUDENT IN ANY NA TRAINING PROGRAM.

ACTOR SIGNATURE

DATE

WRITTEN TEST PROCTOR SIGNATURE

DATE

RN TEST OBSERVER SIGNATURE

DATE