

D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-851-2355 – LOCAL 419-420-1605 – FAX 419-422-8328 – www.hdmaster.com

PROVIDING STNA TESTING SOLUTIONS THROUGHOUT the United States- JUNE 2008

D&S Diversified Technologies TESTING AND REGISTRY APPLICATION Verification Form

A completed Form 1402 OH and Form 1101 OH MUST accompany this form

Please type or print.

UPDATED- 6/2008

Certificate of Verification of Nursing Student Training

I verify that _____
is **currently enrolled** in a pre-licensure program of nursing education approved by the Ohio Board of Nursing, or by an agency of another state that regulates nursing education, and that this individual has successfully **COMPLETED** the courses that teach basic nursing skills including infection control, safety, emergency procedures, and personal care. This student is currently enrolled in the nursing program and **is scheduled to return to active class enrollment** if on a school break.

School of Nursing name: _____

Address: _____

Phone: ____/____/____ Fax: ____/____/____ Date: ____/____/____
(MUST BE SIGNED WITHIN LAST 30 DAYS)

Authorized Signature: _____ Print Name: _____

Title: _____

*******COPY OF TRANSCRIPT MUST BE ATTACHED*******

Certificate of Verification of Hospital Nurse Aide / Orderly Employment

I verify that _____
has the equivalent of twelve months or more full-time employment in the **preceding five years** as a hospital nurse aide or orderly.

This individual was employed as a full-time nurse aide/orderly from

_____ through _____

Hospital Name: _____

Address of Hospital: _____

City/Zip: _____

Phone: ____-____-____ Date: ____/____/____

Verifiers Signature: _____ Printed Name: _____

Title: _____ Fax # _____

*******MUST ATTACHED WORK VERIFICATION LETTER FROM EMPLOYER ON COMPANY LETTERHEAD WITH DATES AND TIMES OUTLINING THE 1600 HOURS IN THE PRECEDING 5 YEARS AND JOB DESCRIPTION, IF NOT ATTACHED APPLICATION WILL BE RETURNED******