

D&S Diversified Technologies

333 Oakland Avenue, Findlay, OH 45840

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PROVIDING STNA TESTING SOLUTIONS THROUGHOUT OHIO

OHIO TEST EVALUATOR APPLICATION form 1500

Social Security # _____

Personal Information: (Please type or print)

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

Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

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

Phone: (____) _____ **Cell:** _____ **Fax:** _____
Home) (Work)

Nurse Affidavit:

I am a registered nurse in Ohio: **Registry #** _____ with at least one year's experience in providing long term care for the elderly or the chronically ill of any age:

Work Experience Verification:

_____ of _____ phone # _____
Supervisor Facility
will verify my one year's work experience.

Testing Site:

I will be administering D&S DIVERSIFIED TECHNOLOGIES Nurse Aide Written/Oral and/or Skill tests at an ODH approved facility or lab based setting that meets State of Ohio Department of Health 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 OH. I will not administer tests to my own students, family and friends, or to candidates trained within a corporate entity or organization that employees me. Also, I understand that if I use a person as an actor or WTP that they will not be eligible to sit for the STNA test for 6 months from the date they last helped during testing STNA candidates.

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: EV ID # assigned: _____ on _____
by _____ Nursing Lic Verification: Date _____ Lic Expiration Date: _____ Other: _____