

D&S DIVERSIFIED TECHNOLOGIES

MAILING ADDRESS - P.O. BOX 418, FINDLAY, OH 45839-0418
TOLL FREE 877-851-2355 - LOCAL 419-420-1605 - FAX 419-422-8367- www.hdmaster.com
PROVIDING STNA TESTING SOLUTIONS THROUGHOUT OHIO

TESTING SITE EQUIPMENT LIST AND AFFIDAVIT form 1503-3/2017

The Testing Site must include all of the materials necessary to properly administer any of the randomly selected skill tests. The Evaluator is required to review all of the Skill Tests they receive prior to administration and ensure that the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

Equipment Provided by Testing Site

- Working Long-term care bed **with side rails, working bed brakes**, Laundry hamper
- Bedside stand -- Over bed stand
- Wheelchair with working brakes
- Standard Scale or Analog Scale
- Hand washing sink with running water, liquid soap, & paper towels all in close proximity to skill test room
- Wash Basin – Emesis Basin, bedpan, gloves
- Bedpan, output measurement container/graduate
- Wastebasket , Wall Clock with second hand
- Call light—doesn't have to be a working call light (attached to bed)
- Gait belt/transfer belt –
- Food tray, plate, silverware
- Linens including: pillows and top linens, blanket, water proof pad, resident gowns, towels, washcloth, Bath blankets, clothing protector
- Dentures, Denture container
- Anti embolic/Elastic Stocking
- **Mannequin (peri area and anatomically correct for catheter insertion)**, walker
- Urinary Drainage bag with tubing and antiseptic wipes
- Privacy Curtain (**Must be overhead rail, pull type with minimum 4' of rail**) (**FOLDING CURTAINS ARE NOT PERMITTED**)
- Gloves, Cath tubing, Adult briefs

Additional Equipment Provided by Evaluator or Flexible Test Site

- A tape player/Walkman with working stereo headphones. The Evaluator must ensure that the tape player either has an AC adapter to plug into an available outlet, or has fresh batteries. (Used for Oral Test administration)
- Toothbrush, toothpaste, and cup
- Lotion
- Nail file, orange stick
- Hair brush, comb and hand mirror
- Intake and output record sheets (D&S Provided)
- Liquid Soap - Tissues
- Sheaths for oral thermometer
- Oversized - Pants and shirt
- Digital timer (that does not tick out loud) X2
- Travel clock with second hand
- Oral digital thermometer-Alcohol-Alcohol pads
- **Slippers**
- #2 Pencils for written test administration & recoding measurements
- Sample food items, napkin, diet card, 240 cc cup, 120 cc cup, (snack cups of applesauce, pudding or jello etc for solid food item.)
- **Standard calculator-(no cell phones) 7/2013**
- **Travel clock with second hand x 2**
- **Sharps container**

Testing Sites and Evaluators/Observers may mutually agree to a different mix of equipment distribution and a Test Evaluator/Observers may use their consumable supplies reimbursement to purchase consumables from the Site, depending on mutual agreement with the Site. Please call D&S DIVERSIFIED TECHNOLOGIES. This list MUST be accompanied by **Form 1502 OH TO APPLY AS A TESTING SITE**

FOR ASSISTANCE IN COMPLETING THESE FORMS CONTACT D&S DIVERSIFIED TECHNOLOGIES toll free at 1-877-851-2355.

Site Affidavit:

I the facility hereby certify that I have **a completely enclosed skill and written room that meet the specs listed on form 1502 which must accompany this form for submission:**

Facility Name: _____

Phone: _____ Ext: _____ Fax Number: _____

Contact Person's Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

has the equipment listed herein and we will make the equipment available to D&S DIVERSIFIED TECHNOLOGIES certified OHIO observer (independent contractors) for the purpose of administering STNA written and skill tests to nurse aide candidates at our site.

Test Site Approving Administrator Signature: _____ Date: ____/____/____

Title: _____ Email Address: _____

Test Observer Signature: _____ **Printed Test Observer Name:** _____

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Date Signed: _____