

D&S Diversified Technologies

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PROVIDING STNA TESTING SOLUTIONS THROUGHOUT OHIO

Training Affidavit:

I hereby swear that I, as a certified STNA Evaluator testing Nurse Aide Candidates in the State of OHIO, 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:

Evaluator Signature: _____ Date: ____/____/____

Evaluator SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

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

Actor Signature: _____ Date: ____/____/____

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

Address: _____ Phone(____) _____

Written Test Proctor Signature: _____ Date: ____/____/____

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

Address: _____ Phone(____) _____

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

I UNDERSTAND THAT AS AN ACTOR OR WRITTEN TEST PROCTOR, THAT I WILL NOT BE ABLE TO TAKE the OHIO STNA TEST FOR 6 MONTHS FROM THE DATE THAT I WAS LAST USED AS AN ACTOR OR WRITTEN TEST PROCTOR

ACTOR SIGNATURE: _____ WRITTEN TEST PROCTOR SIGNATURE: _____

DATE: _____ TEST EVALUATOR INITIALS: _____