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: ___________________________