



D&S Diversified Technologies

DBA HEADMASTER www.hdmaster.com

PO BOX 418 Findlay, OH 45840 877-851-2355—877-201-0758-- fax 419-422-8328
 PROVIDING STNA, CNA TESTING SOLUTIONS THROUGHOUT OHIO, ARIZONA,

TENNESSEE, IDAHO, IOWA, MONTANA, NORTH DAKOTA, SOUTH DAKOTA & MED AIDE TESTING IN OHIO, ARIZONA AND
 MONTANA OHIO LEAD TESTING, MASSACHUETTS, NEVADA, NEW JERSEY

Dear Training Facilities,
2015 INSTRUCTOR WORKSHOP

Below is a list of upcoming FALL STNA instructor workshops which will be provided by D&S Diversified Technologies. THESE WORKSHOPS ARE FOR NEW INSTRUCTORS AND THOSE NEEDING INFO INTO THE TESTING PROCESS. The **STNA Instructor workshops** are for training program instructors and program coordinators. These workshops are designed to help facilities better understand the testing process for their candidates. **Please send this back to D&S by THREE weeks prior to the workshop date** so we can make every attempt to accommodate those interested in attending the workshop. **We can only accept two participants per facility.** Please select your 1st and 2nd choice of the workshop location that you would like to attend and mail or fax this form to D&S Diversified Technologies. We do have limited space so you will receive a confirmation letter once you are scheduled for a workshop. Please feel free to call to confirm your registration.

INSTRUCTOR WORKSHOPS (NO CHARGE)

MIAMI VALLEY CAREER CENTER ADULT ED 6801 HOKE RD CLAYTON, OHIO 45315- (MONTGOMERY COUNTY) ADULT ED BUILDING INTERFACE WORKSHOP SECOND HALF OF DAY ROOM 414	Thurs, September 10, 2015 9am-12pm Instructor 12:30 pm-2:30 (INTERFACE)	
Alia Healthcare 1495 Morse Rd Suite 200 Columbus, OH	Thursday, September 17 9am-12:00 pm	
ALIA HEALTHCARE 11260 Chester Rd Suite 825 Cincinnati, OH 45246	Friday, September 11th 9am-12pm 12:30-2:30 INTERFACE	
MARION TECH 1467 MOUNT VERNON AVE, MARION, OH	Friday, September 18 9am-12:30 pm	
OWENS COMMUNITY COLLEGE Bicentennial Hall Room 253 30335 OREGON RD, Perrysburg, OH	Tuesday, October 13 9am-12pm	

NAME: _____ CONTACT NUMBER: _____

FACILITY _____ FAX NUMBER: _____

FACILITY ADDRESS: _____

EMAIL FOR CONFIRMATION: _____

****BRING YOUR FAVORITE TEACHING TOOL IN WRITTEN FORMAT TO SHARE WITH THE GROUP!!**-----