D&S Diversified Technologies LLP
Headmaster LLP

HEADMASTER LLP
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Innovative, quality technology solutions throughout the United States since 1985.

TEST OBSERVER (TO) APPLICATION

Please attached an updated resume

APPLICANT INFORMATION: Please type or print AND attach an updated resume

Social Security Number _____-_____-_____ Email _____

Last_____First_____ Middle_____

Address _____City _____ State _____ Zip _____

Home Number (_____) _____-_____ Work Number (_____) _____-_____

Cell Number (_____) _____-_____ Date of Birth _____/_____/_____ Gender: ☐ Male ☐ Female

Nurse Affidavit:
I am a registered nurse: **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:
Supervisor name _____ of Facility _____

Supervisor Phone Number (_____) _____-_____ will verify my one-year's work experience.

TESTING SITE:
I will be administering HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests at an Oklahoma approved facility or lab based setting that meets Oklahoma, and HEADMASTER requirements. In addition, I will be sure that all necessary materials and equipment are available for the consistent administering of the HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests as listed on form 1503 OK. I will not administer tests to my own students, or a family member or personal friend. Also, I understand that any person I use as an actor or KTP will not be eligible to sit for the NA test for three months from the date they were last employed.

APPLICANT MUST SIGN AND DATE:
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 Number (_____) _____-_____

HEADMASTER use ONLY: test Observer ID # assigned _____ on _____

by_____ Nursing License Verification: Date _____ License Expiration Date:_____ Other_____

HEADMASTER Official