

D&S DIVERSIFIED TECHNOLOGIES, LLP ~ dba: HEADMASTER, LLP
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TEST OBSERVER (TO) APPLICATION

Form 1505, 1501 and 1503 are part of and MUST accompany this agreement

APPLICANT INFORMATION: Please type or print AND attach an updated resume & copy of your RN license.

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 Written/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 Written/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 WTP 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 Lic Verification: Date _____ Lic Expiration Date: _____ Other _____

HEADMASTER Official: _____