

D&S Diversified Technologies

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PROVIDING NA TESTING SOLUTIONS for Oklahoma

Training Affidavit: Form 1511

I hereby swear that I, as a certified NA RN Observer testing Nurse Aide Candidates in the State of OKLAHOMA, 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:

Observer Signature: _____ Date: ____/____/____

RN Observer SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

I hereby swear that I, as a NA Skill Test Actor or Written Test Proctor, have reviewed the Actor training material and/or the Written Test Proctor training material with the RN Observer 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 both an Actor **and** a Written Test Proctor.)

I UNDERSTAND THAT AS AN ACTOR OR WRITTEN TEST PROCTOR, THAT I WILL NOT BE ABLE TO SIT for the NA TEST FOR six MONTHS FROM THE DATE THAT I LAST WORKED AS AN ACTOR OR WRITTEN TEST PROCTOR

ACTOR SIGNATURE: _____ WRITTEN TEST PROCTOR SIGNATURE: _____

DATE: _____ TEST OBSERVER INITIALS: _____