



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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Innovative, quality technology solutions
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OREGON TEST OBSERVER APPLICATION FORM 1500OR

(PLEASE TYPE OR PRINT AND ATTACH AN UPDATED RESUME AND A COPY OF YOUR RN NURSING LICENSE)

Personal Information: (Please type or print)

Social Security # _____ - _____ - _____

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Address: _____ (Street Address including Apartment #) | _____ (E-Mail Address)
_____ (City) _____ (State) _____ (Zip Code)

Date of Birth: _____ / _____ / _____ (Month) (Day) (Year) Sex: Male Female (Please circle one)

Nurse Affidavit:

I am a registered nurse with an unencumbered OREGON nursing license: Registry # _____ and I have at least two year's experience in providing long term care for the elderly or the chronically ill of any age:

Work Experience Verification: _____ (Supervisor) Phone: _____

Facility Name: _____ Address: _____ will verify my two year's work experience in a long term care facility.

Work Expectations:

I will administer HEADMASTER nursing assistant written/oral and/or skill tests at a HEADMASTER approved testing sites that meet Oregon State Board of Nursing and HEADMASTER requirements. In addition, I will insure that all necessary materials and equipment are available for the consistent administration of the HEADMASTER nursing assistant written/oral and/or skill tests as listed on form 1503OR. I will not administer tests to nursing assistant candidates with whom I have a prior personal or business association or to my own students, family or close personal friends. I also understand that any person I use as an actor or WTP will not be eligible to take the test to become a nursing assistant in Oregon for twelve months from the last date they worked as an actor or written test proctor.

Verification:

I hereby verify that the above information is true and correct and I understand and will abide by all terms and conditions agreed to:

_____ / _____ / _____ (Applicant Signature) (Date)

Reference:

I certify that the applicant is known to me and the information listed above is true and correct to the best of my knowledge.

_____ / _____ (Reference Signature) (Address)

Reference's Title: _____ Phone #: _____

HEADMASTER use ONLY: Observer ID # assigned: _____ on _____ by _____ (HEADMASTER official)

NURSING LICENSE VERIFICATION: DATE _____ EXPIRATION DATE _____ OTHER _____

OSBN use ONLY: Approved by _____ on _____ / _____ / _____