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: _______ / _______ / _______

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: ____________________________________________

| Facility Name: ________________________________ | Phone: ____________________________ |

| (Supervisor) | |

Facility 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's Title: ____________________________ | Phone #: ____________________________ |

| ____________________________ | ____________________________ |

Reference's Address: ____________________________

Reference ID # assigned: __________________ on ____________________ by

HEADMASTER use ONLY: Observer ID # assigned: __________________ on ____________________ by

NURSING LICENSE VERIFICATION: DATE __________ EXPIRATION DATE __________ OTHER ____________________________

OSBN USE ONLY: Approved by __________________ on __________ / __________ / __________

HEADMASTER (Form 1500OR)