

HEADMASTER, LLP/SDHCA
SOUTH DAKOTA TEST OBSERVER APPLICATION

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E-Mail: luannseverson@sdhca.org

See 2nd page of the application (Form 1501) for the Confidentiality/Non-Disclosure Agreement.

PERSONAL INFORMATION: (PLEASE PRINT)

Social Security Number _____ - _____ - _____	Email _____		
Last Name _____	First Name _____	Middle _____	
Address _____	City _____	State _____	Zip _____
Home Phone (605) _____ - _____	Work Phone (605) _____ - _____	Date of Birth _____ _____ _____	

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

TESTING SITE INFORMATION:

<p>TEST OBSERVER: I will administer tests as a regular part of my duties with no compensation from HEADMASTER, LLP or SDHCA. I am working as a Test Observer for the facility listed below. Nurse Aide Candidates tested and/or any volunteer test subjects used will be employees and/or residents of the facility and therefore covered by our facility's liability policy.</p> <p>As a Test Observer for this facility, I understand that I have the option to test candidates who are not employed by our facility. I will administer these tests as a regular part of my duties with no compensation from HEADMASTER, LLP or SDHCA. Furthermore, I understand candidates not employed by our facility that I agree to test should be covered by our facility's liability policy.</p> <p>I hereby verify that I understand and agree with the statements contained herein and all supplied information is true and correct.</p>
Facility _____ City _____ State _____ Zip _____
Administrator _____ D.O.N _____
Phone# (605) _____ - _____ Fax# (605) _____ - _____ Email _____

APPLICANT AND FACILITY VERIFICATION:

The signatures below certify and verify that the applicant is known to the approved testing facility and the information listed above for both facility and applicant is true and correct.
Administrator's Signature _____ Date _____ _____ _____
Applicant's Signature _____ Date _____ _____ _____