Substitute ID Form

Section One
To be completed by Sponsoring Facility Representative prior to the Test Day. Please have candidate give this form to the Test Observer the day of testing. The Test Observer must send this form to HEADMASTER after testing of the candidate is completed.

Please Print:

I, __________________________________, am authorized to complete this official substitute for State-issued photo identification to be presented to the Test Observer at the Test Site on the Test Day listed below. This substitution is in full compliance with HEADMASTER Certified Nurse Aide Test policies.

Candidate Name: __________________________________ Social Security #: _____-_____-________
Height: ____________ Weight: ____________
Eye Color: ______________ Hair Color: ______________ Race: _____________Age: ______ Sex: M / F
Test Site: __________________________________________________________________ Four Digit Site #: _________ Test Date: _____/_____/_____

Candidate Signature: ______________________________________________________________ Date: _____/_____/_____

I certify that the information above is complete and accurate, and that the Candidate has signed in my presence.

Sponsor Signature: ____________________________ Title: ______________ Date: _____/_____/_____

Section Two
To be completed by Test Observer on Test Day.

I am the Candidate named and described above, and am signing this document in the presence of the Test Administrator.

Candidate Signature: ______________________________________________________________ Date: _____/_____/_____

Test Administrator Signature: _______________________________________________________ Date: _____/_____/_____

SOUTH DAKOTA SUBSTITUTE ID FORM
UPDATED 2/26/13