

D&S DIVERSIFIED TECHNOLOGIES

PO BOX #418, FINDLAY, OH 45839-0418

TOLL FREE 877-201-0758 — FAX 419-422-8367 - www.hdmaster.com

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

D&S Diversified Technologies TESTING AND REGISTRY APPLICATION *Every portion of this application must be completed. Incomplete applications will be returned unprocessed.* A completed Form 1402 TN and Training Roster/Certificate **MUST** accompany this form. Please type or print.

Social Security Number: _____ - _____ - _____

D&S DT requests that you voluntarily supply your social security number on this application. Your social security number will be used as a primary identifier to locate your records in our database and will be provided only to Tennessee State agencies. Your name will be placed on the Tennessee CNA Registry after successful completion of the state approved competency evaluation test. Nurse Aide Candidates with an offer of employment may not be charged for testing or training.

Name: _____
Last First Middle Maiden/Former

Home Address: _____ Apt. # _____ P.O. Box # _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** (____) _____ - _____

Work Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____

Email Address: _____ **Date of Birth:** ____/____/____
mm dd yyyy

Filling in your email address **authorizes D&S DT** to use email for your notification to test and test results.

I hereby declare that ALL of the above supplied information is complete and accurate to the best of my knowledge and understand by signing this application **I will be scheduled for a test and responsible for all testing fees if I do not have an offer of employment.** I will notify D&S DT immediately when any of the above supplied information changes.

Have you ever been convicted of abuse or neglect of a person in your care, theft from a person in your care or child abuse? Are you currently under investigation for abuse or neglect of a person, theft from a person, or child abuse? Yes – No If yes, please explain. _____

You are responsible to call the Findlay office if you don't get an EMAIL or WRITTEN response within five business days.

Candidate Signature: (Candidate MUST sign): _____

THE FOLLOWING INFORMATION IS REQUIRED by the Tennessee Department of Health: Please circle the correct information:

Gender: Male Female **Race:** Asian Black Hispanic Native American White Other _____ **Height:** _____ Feet _____ Inches

Eye Color: _____ Brown Blue Green Gray Hazel Black Other _____

Please check the test(s) you are request : WRITTEN TEST SKILL TEST or BOTH Written and Skill Tests ADA

Please circle your language preference for your test: English or Spanish

If you are requesting an ORAL version of the Written Test, please write ORAL in this box -----

The ORAL option includes a cassette tape on which 86% of the questions are read out loud in your preferred language and 14% will be in English to test your English language and English reading comprehension.

Check off and complete ONLY ONE of the following four (4) choices.

1. I have successfully completed a Tennessee Department of Health approved Training Program within the last two years. **You MUST attach a copy of the Registration Roster/Certificate from your training program. Training Code** _____
Training Program Name: _____ City: _____ Date Completed: _____
2. I am enrolled in a **Nursing Program** and have satisfactorily completed a "Fundamentals of Basic Nursing" course with a clinical component or **I have a Military related nursing background. You MUST attach your Validated Challenge approval letter issued by the Tennessee Department of Health.** Call 615-741-7173 to obtain a challenge application or access the challenge application on line at www.hdmaster.com.
3. I am taking the examination because my CNA certification on the Tennessee registry lapsed. (A previously certified Tennessee Nursing Assistant.) **Attach a copy of the Registration Roster/Certificate from training program that you completed within the last two years.**
4. I am currently certified in a State for which Tennessee does not accept reciprocity. **You MUST attach your Validated Challenge Approval letter issued by the Tennessee Department of Health.** Call 615-741-7173 to obtain a challenge application or access the challenge application on line at www.hdmaster.com.

Are you currently employed as a Nurse Aide or do you have an offer of employment in a long-term care facility. **Yes – No**

If you have any questions about reimbursed facilities please call Tennessee Dept. of Health.

Employed since ____/____/____ **or Offer of Employment Issued** ____/____/____
mm dd yyyy mm dd yyyy

At: _____
Facility Name and Address Facility Location (City, State and Zip)

SIGNATURE OF NURSING SUPERVISOR IF TDH FUNDED (if not signed application will be returned for completion)

X _____ **Date** _____

Reschedule/Cancellation/No Show Policy: Reschedules will be charged at the rate of \$35 for each reschedule and must be requested at least **24 business hours** prior to a scheduled test day. A cancellation request, in writing, must be made at least **24 business hours** preceding a scheduled test day and will qualify for a full refund minus a \$25 cancellation fee for Non-TDH funded tests (advance pay candidates). Non-TDH funded candidates that NO SHOW for their scheduled test will forfeit their test fee and MUST apply for a new test date and pay another test fee. Facilities that are reimbursed for training and testing costs from TDH will be charged a Cancellation fee of \$25.00 or a No Show fee of \$40.00 for any candidates not tested once testing services are requested from D&S DT. These fees partially offset D&S DT costs incurred for services requested and resulting work that is performed. These fees will not be reimbursed by the Tennessee Department of Health.