

D&S Diversified Technologies

333 Oakl and Avenue, Findl ay, OH 45840

Toll Free 877-201-0758 – Fax 419-422-8367 -- www.hdmaster.com

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

TEST OBSERVER APPLICATION

Personal Information: (Please type or print)

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

Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

Date of Birth: _____ **19** _____ **Sex:** Male Female
(Month) (Day) (Year) (Please circle one)

Social Security #: _____ - _____ - _____ **Phone:**(_____) _____
(Home) (Work)

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:

Work Experience Verification:

_____ of _____ phone # _____
Supervisor Facility
will verify my one year's work experience.

Testing Site:

I will be administering D&S DIVERSIFIED TECHNOLOGIES Nurse Aide Written/Oral and/or Skill tests at a TDH approved facility or lab based setting that meets State of Tennessee Department of Health and D&S Diversified Technologies requirements. In addition, I will be sure that all necessary materials and equipment are available for the consistent administering of the D&S DIVERSIFIED TECHNOLOGIES Nurse Aide Written/Oral and/or Skill tests as listed on form 1503TN. I will not administer tests to my own students, family and friends or to candidates trained within a corporate entity or organization that employees me. (That I receive money from.)

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.

(Reference Signature)

Address

Reference's Title: _____ Phone #: _____

D&S DIVERSIFIED TECHNOLOGIES use ONLY: Observer ID # assigned: _____ on _____
by _____

D&S DIVERSIFIED TECHNOLOGIES Official