

# D&S DIVERSIFIED TECHNOLOGIES

333 OAKLAND AVENUE, FINDLAY, 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)

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Phone:**(\_\_\_\_\_) - \_\_\_\_\_  
(Home) (Cell) (Work) (Fax)

**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)

**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:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Supervisor)

**Facility Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ will verify my one year's work in a long term care facility as an RN 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.) Also I understand that if I use a person as an actor or WTP that they will not be eligible to test for 6 months.

**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 #: \_\_\_\_\_

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**D&S DIVERSIFIED TECHNOLOGIES use ONLY:** Observer ID # assigned: \_\_\_\_\_ on \_\_\_\_\_

by \_\_\_\_\_ **NURSING LICENSE VERIFICATION: DATE** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_  
D&S DIVERSIFIED TECHNOLOGIES Official