

# D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-851-2355 OR 877-201-0758 – FAX 1-419-422-8328 – www.hdmaster.com

PROVIDING NURSE AIDE TESTING THROUGHOUT THE UNITED STATES!!!

August 2009

## LNA INSTRUCTOR WORKSHOP FOR NURSE AIDE INSTRUCTORS

Dear Training Facilities,

Below is a list of upcoming LNA instructor and LNA test observer workshops which will be provided by D&S Diversified Technologies this year. The **LNA Instructor workshops** are for training program instructors and program coordinators. These workshops are designed to help facilities better understand the testing process for their candidates. **Please send this back to D&S two weeks prior to the workshop date** so we can make every attempt to accommodate those interested in attending the workshop. We can only accept two participants per facility. Please select your 1<sup>st</sup> and 2<sup>nd</sup> choice of the workshop location that you would like to attend and mail or fax this form to D&S Diversified Technologies. We do have limited space so you will receive a confirmation letter, fax or call once you are scheduled for a workshop. If you do not hear from us please do not hesitate to call us toll free at 1-877-201-0758 or 1-877-851-2355. Thank you in advance for mailing by the required date. Please feel free to call to confirm your registration.

### INSTRUCTOR WORKSHOPS (NO CHARGE)

LOCATION	DATE AND TIME	CHOICE 1 <sup>ST</sup> OR 2 <sup>ND</sup>
Addison County Home Health Agency Route 7 Middlebury VT 05753	Thursday October 1 8:30 am- 12:00 pm	
Berlin Health & Rehab 98 Hospitality Dr Barre VT 05641	Friday, October 2 8:30-12:00 pm	

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

FACILITY: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ TN, ZIP: \_\_\_\_\_

## **NEW TEST OBSERVER WORKSHOPS:**

Dear Interested Registered Nurse,

The test observer workshops are for those interested in administering the testing for the State of Vermont & New Hampshire. To qualify to be an observer, **you must be an RN in good standing with the State of VT/NH and have one year long term experience working in a long term care facility as an RN.** You are required to pay a \$50 certification fee to attend the test observer workshop. If you are interested in becoming a test observer, please complete the observer portion of this form and mail or fax it back to D&S Diversified Technologies. You will also need to send the completed test observer agreement (form 1500 VT) enclosed and an we will also need an updated resume(outlining your PAID one year long term care experience in a *nursing home setting* as an RN) and copy of your nursing license. Please mail back by **August 31st** so we can make every attempt to accommodate those interested in attending the workshop. Feel free to call to confirm your registration.

### **OBSERVER WORKSHOP (\$50 CERTIFICATION FEE)**

LOCATION	DATE & TIME	CHOICE
Mt. View Genesis Eldercare Center 9 Haywood Ave Rutland VT 05701	Sunday, September 27 9:00-2:00	

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, DE ZIP: \_\_\_\_\_

FACILITY: \_\_\_\_\_ FAX: \_\_\_\_\_

For questions please call 1-877-851-2355 or 1-877-201-0758 (fax- 1-419-422-8367 or 1-419-422-8328)

Thank you,  
Jessica LaBean  
Vermont Program Manager

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## Form 1500VT

**\*\* If you are interested in becoming a LNA test observer, please complete this form and return it to D&S along with a copy of your current RN license and an update resume outlining your long-term care experience\*\***

Personal Information: (Please type or print)

Social Security #: \_\_\_\_\_

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)

Phone: (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

### Nurse Affidavit:

I am a registered nurse: Registry # \_\_\_\_\_ with at **least one year's experience in providing long term care.**

Work Experience Verification of one year long term care experience as an RN:

\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ phone # \_\_\_\_\_  
Supervisor Facility City

### Testing Site:

I will be administering D&S DIVERSIFIED TECHNOLOGIES Nurse Aide Written/Oral and/or Skill tests at a DHSS approved facility or lab based setting that meets State of Delaware Health and Social Services 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 1503 DE. I will not administer tests to my own students, family and friends or to candidates trained within a corporate entity or organization that employ me, 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: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(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: TO ID # assigned: \_\_\_\_\_ on \_\_\_\_\_

by \_\_\_\_\_ NURSING LIC. VERIFICATION: DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
D&S DIVERSIFIED TECHNOLOGIES Official D&S DIVERSIFIED TECHNOLOGIES (form 1500 VT) Revised: 07-08-2004