



D&S Diversified Technologies LLP

Headmaster LLP

D&SDT - HEADMASTER LLP

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Innovative, quality technology solutions throughout the United States since 1985.

WISCONSIN NURSE AIDE

WISCONSIN RN TEST OBSERVER INDEPENDENT CONTRACTOR APPLICATION - FORM 1500WI

(PLEASE TYPE OR PRINT AND ATTACH AN UPDATED RESUME AND A COPY OF YOUR NURSING LICENSE)

Personal Information: Social Security #

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

Address: (Street) (Apt. #) (E-Mail)

(City) (State) (Zip Code)

Date of Birth: (Month) / (Day) / (Year) Sex: Male Female (Please circle one)

Phone: () (Home) () (Work) () (Cell)

Nurse Affidavit:

I am a registered nurse: License # with at least one year of long term care experience or providing care for the elderly or chronically ill of any age.

Work Experience Verification:

(Supervisor) of (Facility) Phone #

will verify my one year's work experience.

Testing Site:

I will be administering D&SDT-HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests at a Wisconsin DHS (WDHS) approved facility and/or lab based setting that meets WISCONSIN DHS (WDHS) and D&SDT-HEADMASTER requirements.

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 - City, State, ZIP)

Reference's Title: Phone #:

To become an Independently Contracted Nursing Assistant Test Observer in Wisconsin, an RN must meet the guidelines set forth by D&SDT-HEADMASTER and WDHS. This includes successfully completing D&SDT-HEADMASTER specified training and meeting all other Test Observer certification requirements.

Check method of payment: CHECK CASHIER'S CHECK MONEY ORDER VISA MASTER CARD

Card #: Expiration Date: Authorized Signature:

Print name as it appears on your credit card: Zip Code:

D&SDT-HEADMASTER use ONLY: Observer ID # assigned: on by

Nursing License Verification: Date: License Expiration Date Other: