



**ARIZONA ASSISTED LIVING FACILITY CAREGIVER  
HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES  
RN TEST OBSERVER/KNOWLEDGE TEST PROCTOR APPLICATION FORM 1500AC**  
*(PLEASE TYPE OR PRINT AND ATTACH AN UPDATED RESUME)*

**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: **Registry #** \_\_\_\_\_ with at least one year experience in providing care for the elderly or 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 HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES (D&S DT) Assisted Living Facility Caregiver knowledge tests at an Arizona approved facility that meets Arizona NCIA Board of Examiners and HEADMASTER/D&S DT requirements. In addition, I will be sure that all necessary materials and equipment are available for the consistent administering of the HEADMASTER/D&S DT Assisted Living Facility Caregiver knowledge test. **I WILL NOT ADMINISTER TESTS TO MY OWN STUDENTS, FAMILY MEMBER(S), PERSONAL FRIEND(S), OR TO CANDIDATES TRAINED WITHIN A CORPORATE ENTITY OR ORGANIZATIONAL STRUCTURE THAT EMPLOYEES ME.**

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

**HEADMASTER/D&S DT use ONLY:** RN Test Observer/KTP ID # assigned: \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_