



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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*Innovative, quality technology solutions
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ARIZONA ASSISTED LIVING FACILITY CAREGIVER – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES KNOWLEDGE TEST PROCTOR TRAINING AFFIDAVIT – FORM 1511AC

I hereby swear that I, as a certified Assisted Living Facility Caregiver Test Observer testing Assisted Living Facility Caregiver Candidates in the State of ARIZONA, have reviewed the Knowledge Test Proctor training material with the Knowledge Test Proctor named herein:

RN Test Observer Name (please print): _____ Date: ____/____/____

RN Test Observer SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

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I hereby swear that I, as an Assisted Living Facility Caregiver Knowledge Test Proctor, have reviewed the Knowledge Test Proctor training material with the Test Observer named above, and I understand and will abide by the material presented:

Knowledge Test Proctor Name (please print): _____ Date: ____/____/____

Knowledge Test Proctor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

I UNDERSTAND THAT AS A KNOWLEDGE TEST PROCTOR, THAT I WILL NOT BE ABLE TO SIT FOR THE ASSISTED LIVING FACILITY CAREGIVER TEST FOR SIX (6) MONTHS FROM THE DATE THAT I LAST WORKED AS A KNOWLEDGE TEST PROCTOR.

KNOWLEDGE TEST PROCTOR SIGNATURE

DATE

RN TEST OBSERVER SIGNATURE

DATE