



D&S Diversified Technologies LLP

Headmaster LLP

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**ARIZONA ASSISTED LIVING FACILITY MANAGER – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES
KNOWLEDGE TEST PROCTOR TRAINING AFFIDAVIT – FORM 1511AF**

I hereby swear that I, as a certified Assisted Living Facility Manager Test Observer testing Assisted Living Facility Manager 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 Manager 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 MANAGER 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