



**ARIZONA ASSISTED LIVING FACILITY MANAGER
HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES
RN TEST OBSERVER/KNOWLEDGE TEST PROCTOR APPLICATION FORM 1500AF**

(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 check 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 Manager 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 Manager 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 _____