

ARKANSAS WRITTEN TEST PROCTOR APPLICATION

PERSONAL INFORMATION

Social Security Number _____ - _____ - _____
Email _____

Last Name _____ First Name _____
Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Date of Birth _____/_____/____

Place of Employment _____ Work Phone (____) _____ - _____

TESTING SITE

I will be administering D&S DIVERSIFIED TECHNOLOGIES LLP dba HEADMASTER LLP Medication Assistant written tests at an Arkansas approved Medication Assistant testing facility that meets Arkansas State Board of Nursing and D&S Diversified Technologies LLP requirements. In addition, I will be sure that all necessary materials and equipment are available and that the test is consistently administered. I will not administer tests to test candidates that I have trained or to family or personal friends.

VERIFICATION

I hereby verify that the above information is true and correct and I attest that I will abide by all terms and conditions agreed to in writing with D&S DT:

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 _____

Reference's Title _____ Telephone (____) _____ - _____