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Toll Free 1-877-851-2355
Web Address-hdmaster.com
Email Address- hdmastereast@hdmaster.com



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Dear Trainer,

Please complete the information below and return promptly so that we can issue your ID and pin to prevent a delay in the testing process. *Keep in mind that once this information is released to you, it must be kept confidential and cannot be released to any other instructor. If your pin is compromised your pin will be changed and the information will be reported to the state.*

This form may be faxed to 1-419-422-7395 or you may email this form to hdmastereast@hdmaster.com Please make either the fax or email to the attention of Anne Shields.

Thank you in advance for your prompt response.

D&S Diversified Technologies Massachusetts Staff

PLEASE PRINT CLEARLY (Incomplete forms will not be processed and will hold up the testing process).

Instructor Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____

Date Train the Trainer was completed: _____

Name of Preceptor and dates it was completed: _____

Are you currently an instructor at a training program? (circle one) YES NO

If you answered No, you will be considered an independent trainer and you will not be parented with any Provider.

If you answered YES, please complete the facility info below:

Name of Training Facility: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Facility Administrator: _____

IF YOU ARE A TRAINER FOR MORE THAN ONE FACILITY PLEASE COMPLETE THIS FORM FOR EACH FACILITY YOU TRAIN. WE WILL BE PROVIDING YOU WITH AN ID AND PIN FOR EACH FACILITY.

**D&S DIVERSIFIED TECHNOLOGIES
MASSACHUSETTS STAFF
1-877-851-2355**