

MEDICATION AIDE WRITTEN TEST PROCTOR (WTP)

This application must be accompanied by form 1501MT-CMA and 1515MT-CMA

PERSONAL INFORMATION (PLEASE PRINT)

Social Security Number _____ - _____ - _____ Email _____

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

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

Brief Health Care Work History and References:

Work setting: _____

Supervisor _____ Facility _____

Phone Number (____) _____ - _____ will verify my health care work experience.

TESTING SITE INFORMATION

WTP:

I will be administering HEADMASTER LLP Medication Aide Written/Oral tests at the below listed a HEADMASTER approved testing facility that meets HEADMASTER and Montana State Board of Nursing requirements. In addition, I will be sure that all necessary materials and equipment are available for the consistent administering of the HEADMASTER Medication Aide Written/Oral tests. I will schedule myself to administer tests by signing up for prescheduled test dates at Regional (Fixed) test sites with HEADMASTER. I also may agree to test dates with Flexible (In-facility/Training Program type) test sites and then will immediately call HEADMASTER to verify test dates scheduled. I may be Montana HEADMASTER certified nurse aide test administrator or written test proctor. I may be an instructor of a Montana Medication Aide training program but **MAY NOT** test my own students. I may NOT test Medication Aide candidates associated with any training program, school, or Corporation that employs me.

Facility _____ City _____ State _____ Zip _____

Administrator _____ DON _____

Phone number (____) _____ - _____ Fax number (____) _____ - _____ email _____

APPLICANT AND FACILITY VERIFICATION

The signatures below certify and verify that the applicant is known to the approved testing facility and the information listed above for both facility and applicant is true and correct.

Administrator's Signature _____ Date ____/____/____

Applicant's signature _____ Date ____/____/____