

D&S Diversified Technologies LLP (D&S DT)

333 Oakland Avenue, Findlay, OH 45840
419-420-1605 – Toll Free 877-851-2355 - Fax 419 – 422-8328 - www.hdmaster.com
PROVIDING Medication Aide (MA) TESTING SOLUTIONS THROUGHOUT the United States

Training Affidavit:

I hereby swear that I, as a certified MA Observer testing Nurse Aide Candidates in the State of OHIO, have reviewed the Actor training material with the Actor named herein and/or the Written Test Proctor training material with the Written Test Proctor named herein:

Observer Signature: _____ Date: ____/____/____

Observer SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

I hereby swear that I, as an MA Skill Test Actor or Written Test Proctor, have reviewed the Actor training material and/or the Written Test Proctor training material with the Observer named above, and I understand and will abide by the material presented:

Actor Signature: _____ Date: ____/____/____

Actor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

Written Test Proctor Signature: _____ Date: ____/____/____

Written Test Proctor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

(Sign both places if you are certifying as an Actor **and** a Written Test Proctor.)

I UNDERSTAND THAT AS AN ACTOR OR WRITTEN TEST PROCTOR, THAT I WILL NOT BE ABLE TO TAKE the OHIO MA TEST FOR 6 MONTHS FROM THE DATE THAT I WAS LAST USED AS AN ACTOR OR WRITTEN TEST PROCTOR

ACTOR SIGNATURE: _____ WRITTEN TEST PROCTOR SIGNATURE: _____

DATE: _____ TEST OBSERVER INITIALS: _____