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OKLAHOMA MEDICATION OR INSULIN INJECTION AIDE KNOWLEDGE TEST PROCTOR TRAINING AFFIDAVIT – FORM 1511KM

I hereby swear that I, as a certified Medication or Insulin Injection Aide RN Observer testing Medication or Insulin Injection Aide candidates in the State of OKLAHOMA, have reviewed the Knowledge Test Proctor training material with the Knowledge Test Proctor named herein:

Observer Name (please print): _____ Date: ____/____/____

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

Address: _____ Phone(_____) _____

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I hereby swear that I, as a Medication or Insulin Injection Aide Knowledge Test Proctor, have reviewed the Knowledge Test Proctor training material with the RN Observer named above, and I understand and will abide by the material presented:

Knowledge Test Proctor Name (please print): _____ Date of Birth: ____/____/____

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

Address: _____ Phone(_____) _____

I UNDERSTAND THAT AS A KNOWLEDGE TEST PROCTOR, THAT I WILL NOT BE ABLE TO SIT FOR THE MEDICATION OR INSULIN INJECTION AIDE TEST FOR SIX (6) MONTHS FROM THE DATE THAT I LAST WORKED AS A KNOWLEDGE TEST PROCTOR.

KNOWLEDGE TEST PROCTOR SIGNATURE **DATE**

RN TEST OBSERVER SIGNATURE **DATE**