



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

*Innovative, quality technology solutions
throughout the United States since 1985.*

OKLAHOMA
LONG TERM CARE [WITH HOME HEALTH DEEMING] – FORM 1511KC
ACTOR / KNOWLEDGE TEST PROCTOR TRAINING AFFIDAVIT

I hereby swear that I, as a certified Long Term Care [Home Health Deeming] RN Observer testing Long Term Care [Home Health Deeming] Candidates in the State of OKLAHOMA, have reviewed the Actor training material with the Actor named herein and/or the Knowledge Test Proctor training material with the Knowledge Test Proctor named herein:

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

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

Address: _____ Phone(____) _____

=====

I hereby swear that I, as a Long Term Care [Home Health Deeming] Skill Test Actor or Knowledge Test Proctor, have reviewed the Actor training material and/or the Knowledge Test Proctor training material with the RN Observer named above, and I understand and will abide by the material presented:

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

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

Address: _____ Phone(____) _____

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

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

Address: _____ Phone(____) _____

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

I UNDERSTAND THAT AS AN ACTOR OR KNOWLEDGE TEST PROCTOR, THAT I WILL NOT BE ABLE TO SIT FOR THE LONG TERM CARE [HOME HEALTH DEEMING] TEST FOR SIX (6) MONTHS FROM THE DATE THAT I LAST WORKED AS AN ACTOR OR KNOWLEDGE TEST PROCTOR.

ACTOR SIGNATURE DATE

KNOWLEDGE TEST PROCTOR SIGNATURE DATE

RN TEST OBSERVER SIGNATURE DATE