



D&S Diversified Technologies LLP

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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 of Birth: ____/____/____

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

Address: _____ Phone(_____) _____

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

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 THREE (3) 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 _____