



D&S Diversified Technologies LLP

Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES (D&SDT), LLP - HEADMASTER, LLP
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Innovative, quality technology solutions throughout the United States since 1985.

Actor / Knowledge Test Proctor Training Affidavit - FORM 1511 IC

Must be accompanied by FORM 1501: Confidentiality/Nondisclosure Agreement

I hereby swear that I, as a certified RN Test Observer testing nurse aide candidates in the State of _____, have reviewed the State and D&SDT-Headmaster approved Actor training material with the Actor named herein and/or the State and D&SDT-Headmaster approved Knowledge Test Proctor training material with the Knowledge Test Proctor (KTP) named herein:

RN Test Observer

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ Email Address: _____ FEIN#: _____

I hereby swear that I, as a nurse aide skill test Actor or Knowledge Test Proctor, have reviewed the Actor training material and/or the Knowledge Test Proctor training material with the RN Test Observer named above, and I understand and will abide by the approved material presented:

Actor's

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ Email Address: _____

Social Security #: _____ Date of Birth: _____

KTP's

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ Email Address: _____

Social Security #: _____ Date of Birth: _____

(Fill in and 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, I WILL NOT BE ABLE TO SIT FOR THE NURSE AIDE TEST FOR SIX (6) MONTHS (12 MONTHS IN OR) FROM THE DATE THAT I LAST WORKED AS AN ACTOR OR KNOWLEDGE TEST PROCTOR.

Signature: _____ Date: _____

Actor

Signature: _____ Date: _____

Knowledge Test Proctor

Signature: _____ Date: _____

RN Test Observer