



D&S Diversified Technologies LLP

Headmaster LLP

D&SDT - HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604

800-393-8664 | Fax: 406-442-3357 | www.hdmaster.com

Email: hdmaster@hdmaster.com

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

ARKANSAS NURSE AIDE

ARKANSAS RN TEST OBSERVER INDEPENDENT CONTRACTOR APPLICATION - FORM 1500AR

(PLEASE TYPE OR PRINT AND ATTACH AN UPDATED RESUME AND A COPY OF YOUR NURSING LICENSE)

Personal Information: Social Security # _____

Name: _____ (Last) (First) (Middle Initial)

Address: _____ (Street) (Apt. #) (E-Mail)

(City) (State) (Zip Code)

Date of Birth: ____/____/____ Sex: Male Female (Please circle one)

Phone: () _____ (Home) () _____ (Work) () _____ (Cell)

Nurse Affidavit:

I am a registered nurse: License # _____ with at least one year of long-term care experience or providing care for the elderly or chronically ill of any age.

Work Experience Verification:

_____ of _____ Phone # _____ (Supervisor) (Facility)

will verify my one year's work experience.

Testing Site:

I will be administering D&SDT-HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests at an Arkansas DHS approved facility and/or lab-based setting that meets ARKANSAS DHS and D&SDT-HEADMASTER requirements. I will ensure that all necessary materials and equipment are available for the consistent administering of the D&SDT-HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests as listed on form 1503AR. I will not administer tests to students I have trained, a family member, or personal friend. Also, I understand that persons I use as Actors or Knowledge Test Proctors (KTPs) will not be eligible to sit for the AR Nurse Aide test for 6 months from the date they last helped during a Nurse Aide test event.

Verification:

I hereby verify that the above information is true and correct: _____ (Applicant Signature) _____ (Date)

Reference:

I certify that the applicant is known to me and the information listed above is true and correct.

_____ (Reference Signature) _____ (Address - City, State, ZIP)

Reference's Title: _____ Phone #: _____

To become an Independently Contracted Nursing Assistant Test Observer in Arkansas, an RN must meet the guidelines set forth by D&SDT-HEADMASTER and DHS. This includes successfully completing D&SDT-HEADMASTER specified training and meeting all other Test Observer certification requirements. Initial certification training is \$100 and is non-refundable. Upon successful completion of his/her first test event, the RN will receive a \$75 bonus for completing the final step of the certification process which is successfully managing his/her first complete test event. RN Observers must manage at least three test events per year to remain active. Test Observers must recertify yearly using a D&SDT-HEADMASTER approved recertification process.

Check method of payment: [] CHECK [] CASHIER'S CHECK [] MONEY ORDER [] VISA [] MASTER CARD
Card #: _____ Expiration Date: _____ Authorized Signature: _____
Print name as it appears on your credit card: _____ Zip Code: _____

D&SDT-HEADMASTER use ONLY: Observer ID # assigned: _____ on _____ by _____
Nursing License Verification: Date: _____ License Expiration Date _____ Other: _____