



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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OREGON TEST OBSERVER APPLICATION FORM 1500OR

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

Personal Information: (Please type or print)

Social Security # - -

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

Address: (Street Address including Apartment #) (E-Mail Address)
(City) (State) (Zip Code)

Date of Birth: (Month) / (Day) / (Year) Sex: Male Female (Please check one)

Nurse Affidavit:

I am a registered nurse with an unencumbered OREGON nursing license: Registry # and I have at least two year's experience in providing long term care for the elderly or the chronically ill of any age:

Work Experience Verification: (Supervisor) Phone:

Facility Name: Address: will verify my two year's work experience in a long term care facility.

Work Expectations:

I will administer HEADMASTER nursing assistant written/oral and/or skill tests at a HEADMASTER approved testing sites that meet Oregon State Board of Nursing and HEADMASTER requirements. In addition, I will insure that all necessary materials and equipment are available for the consistent administration of the HEADMASTER nursing assistant written/oral and/or skill tests as listed on form 1503OR. I will not administer tests to nursing assistant candidates with whom I have a prior personal or business association or to my own students, family or close personal friends. I also understand that any person I use as an actor or WTP will not be eligible to take the test to become a nursing assistant in Oregon for twelve months from the last date they worked as an actor or written test proctor.

Verification:

I hereby verify that the above information is true and correct and I understand and will abide by all terms and conditions agreed to:

(Applicant Signature) (Date)

Reference:

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

(Reference Signature) (Address)

Reference's Title: Phone #:

HEADMASTER use ONLY: Observer ID # assigned: on by (HEADMASTER official)

NURSING LICENSE VERIFICATION: DATE EXPIRATION DATE OTHER

OSBN use ONLY: Approved by on / /