



**D&S Diversified Technologies LLP**

**Headmaster LLP**

**D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP**

MT Office: P.O. Box 6609 | Helena, MT 59604-6609

OH Office: P.O. Box 418 | Findlay, OH 45839

(877)851-2355 | (800)393-8664 | Fax: (406)442-3357

hdmaster@hdmaster.com | Website: [www.hdmaster.com](http://www.hdmaster.com)

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

**TENNESSEE NURSE AIDE**

**TENNESSEE RN TEST OBSERVER/INDEPENDENT CONTRACTOR APPLICATION - FORM 1500TN**

**Personal Information:**

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Other Phone #:** \_\_\_\_\_

**Nurse Affidavit:**

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

**Work Experience Verification:**

**Supervisor Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

*Will verify my one year work experience in a long-term care facility as an RN.*

**Testing Site:**

I will be administering D&S-DT-HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests at a Tennessee Department of Health (DHS) approved facility and/or lab-based setting that meets TDH and D&S-DT-HEADMASTER requirements. I will ensure that all necessary materials and equipment are available for the consistent administering of the D&S-DT-HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests as listed on form 1503TN. 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) are under my supervision and will not be eligible to sit for the TN Nurse Aide competency 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 that the above information is true and correct:

**Reference's Signature:** \_\_\_\_\_ **Reference's Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

*To become an Independently Contracted Nursing Assistant Test Observer in Tennessee, an RN must meet the guidelines set forth by D&S-DT-HEADMASTER and TDH. This includes successfully completing D&S-DT-HEADMASTER specified training and meeting all other RN Test Observer certification requirements. Initial certification training is \$50. RN Test Observers must manage a minimum of six test events per year to remain active. RN Test Observers must recertify yearly using a D&S-DT-HEADMASTER approved recertification process, pay a \$50 recertification fee and attend a mandatory Test Observer workshop.*

**Make checks payable to D&S-DT (D&S-DT does not accept Cash)**

Check method of payment:	<input type="checkbox"/> CHECK	<input type="checkbox"/> CASHIER'S CHECK	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
Card #:	Expiration Date:		Authorized Signature:		
Print name as it appears on your credit card:				Zip Code:	

**D&S-DT-HEADMASTER use ONLY:** Nursing License Verification: Date: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_