



D&S Diversified Technologies LLP

Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES, LLP - HEADMASTER, LLP

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

TENNESSEE NURSE AIDE

ACTOR / KNOWLEDGE TEST PROCTOR TRAINING AFFIDAVIT – FORM 1511TN

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

RN Test Observer Name: \_\_\_\_\_ RN Test Observer’s Phone #: \_\_\_\_\_

RN Test Observer Email Address: \_\_\_\_\_

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

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 D&SDT-HEADMASTER approved material presented:

Actor’s Name: \_\_\_\_\_ Actor’s SS #: \_\_\_\_\_

Actor’s Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

KTP’s Name: \_\_\_\_\_ KTP’s SS #: \_\_\_\_\_

KTP’s Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

(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 TENNESSEE NURSE AIDE TEST FOR six (6) months FROM THE DATE THAT I LAST WORKED AS AN ACTOR OR KNOWLEDGE TEST PROCTOR.

ACTOR’S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

KNOWLEDGE TEST PROCTOR’S (KTP’s) SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

RN TEST OBSERVER’S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_