



## ARIZONA LPN/RN REFRESHER – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES KNOWLEDGE TEST PROCTOR (KTP) APPLICATION FORM 1500RE

### PERSONAL INFORMATION

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### TESTING SITE

I will administer Headmaster-D&S DIVERSIFIED TECHNOLOGIES (D&SDT) Arizona LPN/RN Refresher Knowledge tests at an Arizona LPN/RN Refresher approved testing facility that meets Headmaster-D&SDT requirements. In addition, I will be sure that all necessary materials and equipment are available and that the test is consistently administered according to guidelines established by Headmaster-D&SDT and Arizona LPN/RN Refresher State Oversight staff subject to change from time to time. I will not administer tests to test candidates that work within the same company, or that I have trained, or to family members or personal friends.

### VERIFICATION

I hereby verify that the above information is true and correct and I attest that I will abide by all terms and conditions agreed to in writing with Headmaster-D&S DT:

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 \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_