



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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

**OKLAHOMA MEDICATION AIDE
RN TEST OBSERVER/KNOWLEDGE TEST PROCTOR (KTP) APPLICATION
FORM 1500KM**

Personal Information: (Please type or print)

Social Security # _____ - _____ - _____

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

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

Address: _____ (Street – including apartment or building numbers)

_____ (City) _____ (State) _____ (Zip Code)

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Sex: Male Female
(Please circle one)

Work Expectations:

I will administer HEADMASTER medication aide knowledge tests at HEADMASTER approved testing sites that meet Oklahoma State Department of Health and HEADMASTER requirements. In addition, I will ensure that all necessary materials and equipment are available for the consistent administration of the HEADMASTER medication aide knowledge tests. I will not administer tests to medication aide candidates with whom I have a prior personal or business association or to my own students, family or close personal friends. I further understand I will be working as an Independent Contractor. I understand that if I am at Director of Nursing I am not eligible to be a RN Test Observer/KTP.

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