

D&S DIVERSIFIED TECHNOLOGIES LLP (D&S DT)

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PROVIDING Medication Aide (MA) TESTING SOLUTIONS THROUGHOUT the United States

Training Affidavit:

I hereby swear that I, as a certified MA Observer testing Medication Aide Candidates in the State of TENNESSEE, have reviewed the Actor training material with the Actor named herein and/or the Knowledge Test Proctor training material with the Knowledge Test Proctor named herein:

Observer Signature: _____ Date: ____/____/____

Observer SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

I hereby swear that I, as an MA Skill Test Actor or Knowledge Test Proctor, have reviewed the Actor training material and/or the Knowledge Test Proctor training material with the RN Observer named above, and I understand and will abide by the material presented:

Actor Signature: _____ Date: ____/____/____

Actor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

Knowledge Test Proctor Signature: _____ Date: ____/____/____

Knowledge Test Proctor SS#: _____ - _____ - _____ Email: _____

Address: _____ Phone(____) _____

(Sign both places if you are certifying as an Actor **and** a Knowledge Test Proctor.)

I UNDERSTAND THAT AS AN ACTOR OR KNOWLEDGE TEST PROCTOR, THAT I WILL NOT BE ABLE TO TAKE the TENNESSEE MA TEST FOR 6 MONTHS FROM THE DATE THAT I WAS LAST USED AS AN ACTOR OR KNOWLEDGE TEST PROCTOR

ACTOR SIGNATURE: _____ KNOWLEDGE TEST PROCTOR SIGNATURE: _____

DATE: _____ TEST OBSERVER INITIALS: _____