

D&S Diversified Technologies LLP Headmaster LLP HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609 800-393-8664 – Fax: 406-442-3357 www.hdmaster.com Innovative, quality technology solutions throughout the United States since 1985.



PROVIDED BY: HEADMASTER LLP - D&S DIVERSIFIED TECHNOLOGIES LLP SEPTEMBER 2012

ARIZONA WEBETEST© INSTRUCTIONS

TABLE OF CONTENTS

TAB 1	••••	Headmaster Home Page ⇒ CANDIDATE IDENTIFICATION REQUIREMENTS
TAB 2	•••••	Entering Candidate at Beginning of Training
TAB 3	•••••	Completion of Training
TAB 4	•••••	Exam Fee Payment by Training Program
TAB 5	•••••	Self-Pay Exam Fee Payment & Scheduling by Candidate
TAB 6	•••••	Scheduling Candidate to Test (by Training Program)
TAB 7	•••••	 Pre-populated Templates ✓ Roster ✓ Scheduling Directions ✓ Student File ✓ Verification
TAB 8	•••••	Pre-populated PDF's ✓ CERTIFICATE OF TRAINING COMPLETION ✓ ARIZONA BOARD OF NURSING APPLICATION ✓ HEADMASTER APPLICATION (FORM 1101)

HEADMASTER LLP – D&S DIVERSIFIED TECHNOLOGIES LLP Arizona Program Manager: Teresa Whitney P.O. Box 6609, Helena, MT 59604-6609 TOLL FREE: 1-800-393-8664 – FAX: 1-406-442-3357 Email: hdmaster@hdmaster.com



HEADMASTER HOME PAGE: www.hdmaster.com

D&S Diversified	d Technologies LLP naster LLP			Innovative, quality technology solutions throughout the United States since 1985.
On-Line CNA Practice Exams		View your Please click <u>here</u> to see where	scheduled exam and when your next test is scheduled.	
Which of the following is NOT a comma body defense C.a. texes C.a. texes C.a. texes C.a. typications C.a. typications C.a. typications C.a. texes	Licensing/C	Certification	Software	Hardware/Networking
Quantiens Romaning 1-05, Copyreight & 2006, 558 Strandfard Technologies, dia readmonter, 63 righty received, Scheakerghebrader ann				Set.
Order an individual test or set up a group testing account.	- the	194K		
Complete an exam from an	Nurse Aide	Medication Assistant	On-line Testing	Our technical staff can assist you in finding,
individual membership.	ARIZONA	ARIZONA CMA	WebETest ©, one of our web-based software packages is used in conjunction with	solutions that are right for you. Our computers are
Begin or complete an exam from a group account	MONTANA	ARKANSAS CMA	Testmaster© to register candidates, deliver	ISO 9002 Certified and we specialize in network
Try your luck with today's	NEW HAMPSHIRE	MASSACHUSETTS MAP TESTING & REGISTRY	content, and submit exam results to regulatory agencies and registrise for these on-line testing clients: <u>Utah</u> , <u>lowa</u> , <u>Ohio</u> , <u>North Dakota</u> , <u>Montana</u> , <u>Tennessee</u> , <u>Ohio Lead</u> , <u>Oklahoma</u> , <u>Oklahoma</u> <u>Home Health</u> , <u>Oklahoma</u> , <u>Insulin</u> ,	about a Linux server!
free question of the day.	NORTH DAKOTA NEW JERSEY SKILLS	MONTANA MA I & II		Order hardware and software direct
Try our free ten item		OHIO CMA		Development
sample test.	OHIO STNA	OREGON CMA	Oklahoma Med Aide, New Jersey CNA, Idaho AL	Do you have exams, surveys, or data that you would like to make available on line? We can
content, pricing, ordering	OKLAHOMA		Additional Services	provide you with a data host, software, and the
and use.	OREGON		caregiver/ist	e iob analysis
See what customers have said about the practice	SOUTH DAKOTA	OHIO LEAD	Find Caregiving care agencies, nursing homes and	 webpage design,
exam!	TENNESSEE	Facility Administrator	Apply assisted living communities in your area who are hiring. Caregiverlist's database	 item writing workshops, on-line item development.
Forgot your pin? Click	UTAH	IDAHO	allows hiring companies to easily find the applicants who meet their staffing needs. Caregiver, Job Applicants may also	 psychometric evaluation
(New 11/15/2011)	VERMONT		learn about policies, pay and background check laws in their	required to make that happen. Try the CNA sample test to the left, and imagine how we could
		Sample CNA/STNA Training Reports	state and share their caregiving story on Caregiverlist.	implement your exams.
	Driven by these <u>core beliefs</u> we have been providing or certification, and registry solutions since 1992. We tr and service, and if your regulatory agency has a certi state or agency for testing details.	quality, innovative, customized testing, ake great pride in our content, delivery methods, ification dream, we can make it happen! Select yo	ur	
		Company History Cale	ndar	

Click on ARIZONA

ARIZONA Web Page

D&S Diversified Techno Headmaster L	blogies LLP LP	Arizona CNA 1	Testific and Certification	Innovative, quality technology solutions throughout the United States since 1985.	
		Important! AZBN CNA Exam Changes Effective 2-1-2012			
Candidate Form	าร	Training Programs	Observer Forms	Contacts	
Three Month Test Sci	hedule	WebETest© On-line Testing	Test Observer Application Form 1500	Please feel free to contact us if you have questions,	
Printer Friendly Test So	chedule	WebETest © Start Page	Confidentiality/Nondisclosure Agreement Form 1501	concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Arizona	
Arizona CNA Application	Form 1101	WebETest © Instructions	Test Observer Equipment Checklist 1504	NA training, testing, and certification process.	
Arizona CNA Scheduling & Pay	ment Form 1402	On-line Training Program Reports	Test Observer Agreement Form 1505	Teresa Whitney	
Candidate Handbo	ook	On-line reports include:	Recording Form	Program Manager	
Nursing Student Waiver	Request	Ass/Fail Report	Training Affidavit Form 1511	Helena, MT 59604-6609	
Military-Foreign Nursing Graduat	e Waiver Request	Skill Exam Details Retake Summary	Written Test Instructions	Phone (800) 393-8664 Eax (406) 442-3357	
ADA Accommodation	1404	Instructors	Electronic Written Test Instructions	hdmaster@hdmaster.com	
Now Available	,	Written Test Instructions	Skill Test Instructions	Visitors	
Schedule / Re-Sche	edule	Electronic Written Test Instructions	Candidate Test Exit Survey	078391	
On-line Test RESU		Skill Test Instructions	WebETest @ Observers View Scheduled Exams	You will need a reader to view and print most of these documents.	
		Sample Recording Forms	Test Site Forms	Get Acrobat.	
		Sample Patient Diet Cards	Test Site Agreement Form 1502	Adobe Reader	
		Fluid Intake Worksheet-120ml	Test Site Equipment List Form 1503		
		Fluid Intake Worksheet-240ml			
		Instructor Handbook			
	/	Coming Soon			
/	/	Instructor Workshop Information 2012			
/		Instructor worksnop information			
//]		
http://hdmaster.com/testing/cratesting	/arizona/azformpages/a	zforms/AZElecWrittenTestInstruc.pdf	Contact us		
		vanivouri in zult2-5. D&S Diversified Technolog	ies LLP, dba Headmaster LLP, All rights reserved		

Click on WebETest© Start Page

CANDIDATE IDENTIFICATION REQUIREMENTS

(INFORMATION TO COLLECT WHEN CANDIDATES START TRAINING SO THAT CANDIDATE'S NAME IS ENTERED CORRECTLY)

Training Programs are required to enter each candidate into WebETest[©] under their legal name at the start of training. The name under which the candidate is entered into WebETest[©] must match the name on the candidate's government issued, signed, non-expired, photo identification presented at the time of testing.

It is highly recommended that training programs obtain a copy of the candidate's government issued, signed, non-expired, photo identification that will be presented when the candidate goes to test so that the name in the candidate's record exactly matches the printed name on their identification.

FIRST and **LAST** names in the candidate's record **MUST EXACTLY MATCH** the <u>printed</u> **FIRST** and **LAST** name on the candidate's identification.

For testing, candidates must bring a **<u>GOVERNMENT ISSUED</u>**, **SIGNED**, **NON-EXPIRED**, **PHOTO IDENTIFICATION**</u>. Examples of the forms of government issued, signed, non-expired, photo ID's that are acceptable are:

- Driver's License
- State issued Identification Card
- **Passport** (Passport Cards are not acceptable)
- Military Identification
- Alien Registration Card
- Tribal Identification Card

There are candidates who have multiple last names on their identification as it is their *full legal name*, but they only use one of the last names on a daily basis. Although candidates may sign their identification with only one last name, the signature is not required to match. Only the **printed (legal) first and last names must match** the candidate's name in WebETest©.

⇒ When Test Observers check the candidate's identification at the test site during check-in, they look at the *FIRST* and *LAST* <u>PRINTED</u> names on the identification presented by the candidate. If the FIRST and LAST names on the Test Observer's Verification Form are not exactly identical to the FIRST and LAST names on the candidate's identification, the candidate is not allowed to test, is considered a NO SHOW for the test event, and forfeits their testing fees (they will need to repay to retest).

Example:

The name on the candidate's driver's license is: JANET ELIZABETH ORTEGA DIAZ The candidate signs the driver's license: Jawet Ortega (printed name is what MUST match)

The candidate's name on the Verification Form that the test observer has received from Headmaster for the test event is: <u>JANET E. ORTEGA</u>

The Test Observer would have to inform the candidate that their identification DOES NOT match the name on her paperwork and that she CANNOT test the candidate.

The candidate's name on the Test Observer's Verification Form would have to be *at least*: **JANET ORTEGA DIAZ** Or may include a middle initial or name: **JANET** E. **ORTEGA DIAZ** –or- **JANET** ELIZABETH **ORTEGA DIAZ** for the candidate to test – *MIDDLE NAMES AND SIGNATURES ARE NOT CONSIDERED* when verifying identity – **only FIRST and LAST names must match**.

It is extremely important for accuracy when entering the candidate's FULL LEGAL NAME, that Training Programs actually look at the candidate's government issued, signed, non-expired, photo identification that the candidate will present when they go to test so that the correct FIRST and LAST names are entered into the candidate's record at the start of training.



ENTERING CANDIDATES

(at the beginning of training)

GO TO: <u>www.hdmaster.com</u> (Headmaster Home Page) – click on ARIZONA – click on WebETest Start Page



Click on TRAINING PROGRAM / INSTRUCTOR

6	KS Training Program 🖄 🔻 🗔 👻 🖃 🖷 🕈 Page 🔻 Safety 🔻 Tools 🕶 🔞		
	rizona CNA Testing		
	As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidates. To do so you must have been assigned a training ID and pin number by D&S Diversified Technologies.	г	
	Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window containing the current student, and then select another student from your search list. If you select one of the print options for a student, you can either use the PRINT link found on the form or right click on the form and select Print from the menu presented or in Netscape use [Ctrl]+[p] from the keyboard.		1
	Please enter your assigned Training Program ID	Γ	-
4	Please enter your pin number		2
	Complete fields then click here to Login	- -	
	Copyright © 2011, D&S Diversified Technologies LLP, and Headmaster LLP, AI rights reserved		3
9		L	

- 1. Enter your TRAINING PROGRAM ID
- 2. Enter your PIN NUMBER
- 3. Click on LOGIN



Click on NEW



1. Enter all the PERSONAL INFORMATION in the fields listed above.

Social Security Number – no dashes and again in reverse order (backwards) Last, First and Middle Names (obtained and verified from candidate's government issued, photo identification) Maiden or Other Names Address – just the street address with any apartment numbers or P.O. Box Zip Code – the city and state are automatically generated based on the Zip Code Home Phone – or Cell Phone Work Phone – or other phone Email Address Date of Birth – put in 00/00/0000

2. TRAINING PROGRAM – will be pre-populated with your training program

Started – put in start date as 00/00/0000

4. Click on SUBMIT CANDIDATE (the SAVE button)

Save the candidate's record

*4. Candidates with No Social Security Number

Not for candidates who do not want to supply their social security number Only for candidates who <u>do not</u> have a Social Security Number



Click on the link to the ARIZONA BOARD OF NURSING for the AFFIDAVIT OF NO SOCIAL SECURITY NUMBER

The original, notarized AFFIDAVIT OF NO SOCIAL SECURITY NUMBER needs to be sent to the Arizona Board of Nursing.

A copy of the notarized Affidavit of No Social Security Number needs to be faxed in to Headmaster *along with* the candidate's application (Form 1101) and verification of their training completion date and hours.

Training programs are not able to enter candidates who fill out this affidavit, they have to be entered by Headmaster once we receive a copy of the affidavit with their application and verification of their training completion date and hours. Once entered by Headmaster, training programs will be notified that the candidate is in the system so that applications and Certificates of Completion can be printed by the program for the candidate.

Gaurner Die	wer		Joey Ridenour
	Arizona State	Board of Nursina	
	4747 North 7	* Street, Suite 200	
	Phoenix, A Phone (602) 771-78	AZ 85014-3655 00 Fax (602) 771-7888	
	E-Mail: aria Website	zona@azbn gov	
	Treosine.	and a second got	
	AFFIDAVIT RE: SOCI	AL SECURITY NUMBER	
 This form not not have a so 	ust be completed by professional nurse, practical scial security number.	l nurse and certified nursing assista	nt applicants who state they do
2. A.R.S. § 25-	320(K) requires that:		
Each licensin application ti department o	ig board or agency that issues professional, recre he social security number of the applicant and sh if economic security in locating parents or their a	eational or occupational licenses or all enter this information in its data assets or to enforce child support or	certificates shall record on the base in order to aid the ders.
3. I certify that	I do not have a social security number because		
 I understand social securit 	that in the event I obtain a social security numb- ty card within 10 days. My failure to do so may :	er, I have the obligation to provide result in disciplinary action against	the Board with a copy of my my license/certificate.
 I understand 10 days of co 	that I must provide the Board, in writing with th numencing employment.	e name and address of my initial A	rizona nursing employer, within
	AFF	IDAVIT	
The undersigned requested inform licensure/certifics disclose the reque	being duly sworn declares that he/she has read a aation or disclosure of false or misleading ation or disciplinary action, up to and including seted information or disclosure of false or mislea	and understands this affidavit; unde information may constitute frau revocation, taken against an issue ding information may also result in	rstands that failure to disclose th d and may result in denial (d license or certificate. Failure t a criminal prosecution.
The undersigned requested inform licensure/certifics disclose the reque	being duly sworn declares that he/she has read a antion or disclosure of false or mitleading ation or disciplinary action, up to and including ested information or disclosure of false or misles	and understands this affidavit, unde information may constitute fram ; revocation, taken against an issue ding information may also result in 	rstands that failure to disclose th d and may result in denial o d license or certificate. Failure t a criminal prosecution.
The undersigned requested inform licensure/certifics disclose the reque JURAT	being duly sworn declares that he/she has read : antion or disclosure of false or mixleading ation or disciplinary action, up to and including seted information or disclosure of false or mislea	and understands this affidavit, unde information may constitute fram ; revocation, taken against an issue dding information may also result in 	rstands that failure to disclose th d and may result in denial o d license or certificate. Failure t a criminal prosecution.
The undersigned requested inform licensure/certifics disclose the reque JURAT State of	being duly sworn declares that he/she has read a astion or disclosure of false or misleading stion or disciplinary action, up to and including seted information or disclosure of false or mislea))SS	and understands this affidavit; unde information may constitute frau ; revocation, taken against an issue ding information may also result in Type or Pr	rstands that failure to disclose th d and may result in denial o d license or certificate. Failure t criminal prosecution. int Your Name ignature
The undersigned inform requested inform (iscassure/certifica disclose the reque JURAT State of County of	being duly sworn declares that he/she has read : antion or disclosure of false or milesding ation or disciplinary action, up to and including ested information or disclosure of false or misles))SS)	and understands this affidavit, unde information may constitute fram ; revocation, taken against an issue ding information may also result in Type or Pr 	rstands that failure to disclose th d and may result in denial o d license or certificate. Failure t e criminal prosecution. int Your Name ignature
The undersigned requested inform licensure/certifics disclose the reque JURAT State of County of NAME	being duly sworn declares that he/she has read : antion or disclosure of false or misleading ation or disciplinary action, up to and including ested information or disclosure of false or mislea))SS)SS	and understands this affidavit, unde information may constitute fram ; revocation, taken against an issue ding information may also result in 	rstands that failure to disclose th d and may result in denial of d license or certificate. Failure t e criminal prosecution. int Your Name ignature ars that the statements made
The undersigned requested intervelopment licensure/certifics disclose the reque JURAT State of County of NAME in this document	being duly sworn declares that he/she has read : antion or disclosure of false or misleading ation or disclosure of false or mislea setted information or disclosure of false or mislea)) SS) personally appear and all attachments are true and correct this	and understands this affidavit, unde information may constitute frau ; revocation, taken against an issue ding information may also result in Type or Pr 	rstands that failure to disclose th d and may result in denial of d license or certificate. Failure to criminal prosecution. int Your Name
The undersigned requested intervences licensure/certifics disclose the reque JURAT State of County of NAME in this document :	being duly sworn declares that he/she has read : antion or disclosure of false or misleading ation or disclosure of false or mislea seted information or disclosure of false or mislea))SS personally appear and all attachments are true and correct this	and understands this affidavit, unde information may constitute frau ; revocation, taken against an issue ding information may also result in 	rstands that failure to disclose th d and may result in denial of d license or certificate. Failure t : criminal prosecution. int Your Name ignature ars that the statements made , 20
The undersigned requested inform licensure/certifics disclose the reque JURAT State of County of NAME in this document : NOTARY PUBL	being duly sworn declares that he/she has read : antion or disclosure of false or misleading ation or disciplinary action, up to and including seted information or disclosure of false or mislea)) SS personally appear and all attachments are true and correct this IC	and understands this affidavit, unde information may constitute frau ; revocation, taken against an issue ding information may also result in Type or Pr 	rstands that failure to disclose th d and may result in denial of d liceanse or certificate. Failure t : criminal prosecution. int Your Name ignature ars that the statements made , 20 MY COMMISSION EXPIRES
The undersigned inform iccussrel inform iccussrel coefficient functions the require JURAT State of County of NAME in this document : NOTARY PUBL	being duly sworn declares that he/she has read a antion or disclosure of false or misleading steed information or disclosure of false or mislea))) SS) personally appear and all attachments are true and correct this IC	and understands this affidavit, unde information may constitute frau revocation, taken against an issue ding information may also result in Type or Pr S red before me, and under oath, swe day of	rstands that failure to disclose th d and may result in denial of d liceanse or certificate. Failure to criminal prosecution. int Your Name ignature ars that the statements made , 20 MY COMMISSION EXPIRES
The undersigned inform requested inform licensure/cestifics disclose the request JURAT State of County of NAME in this document : NOTARY PUBL	being duly sworn declares that he/the has read a antion or disclosure of false or misleading steed information or disclosure of false or mislea))) SS) 	and understands this affidavit, unde information may constitute frau revocation, taken against an issue ding information may also result in Type or Pr S red before me, and under oath, swe day of	rstands that failure to disclose th d and may result in denial of d liceanse or certificate. Failure to criminal prosecution. int Your Name ignature ars that the statements made , 20 MY COMMISSION EXPIRES
The undersigned requested inform licensure/certifics disclose the reque JURAT State of County of NAME in this document : NOTARY PUBL	being duly owern declares that he/the has read a astion or disclosure of false or mideading steed information or disclosure of false or midea))) SS) personally appear and all attachments are true and correct this IC	and understands this affidavit; unde information may constitute fram ; revocation, taken against an issue ding information may also result in 	rstands that failure to disclose th d and may result in denial of d liceanse or certificate. Failure to criminal prosecution. int Your Name ignature ars that the statements made , 20 MY COMMISSION EXPIRES
The undersigned requested inform licensure/certifics disclose the reque JURAT State of County of NAME in this document : NOTARY PUBL	being duly owern declares that he/the has read a astion or disclosure of false or mideading steed information or disclosure of false or midea))) SS)) SS) 	and understands this affidavit; unde information may constitute fram ; revocation, taken against an issue ding information may also result in 	rstands that failure to disclose th d and may result in denial of d liceanse or certificate. Failure to criminal prosecution. int Your Name ignature ars that the statements made , 20 MY COMMISSION EXPIRES



ENTERING COMPLETION OF TRAINING

(done when candidates complete training)

Training Program / Instructor

Click on TRAINING PROGRAM / INSTRUCTOR

Ø	3KS Training Program 🖄 🔻 🖾 🌐 🔻 Page 👻 Safety 🖛 Tools 🔻	0	
1	Arizona CNA Testing M 2011 Market and 2011		
	As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidate. To do so you must have been assigned a training ID and pin number by D&S Diversified Technologies.		
	Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window containing the current student, and then select another student from your search list. If you select one of the print options for a student, you can either use the <u>PRINT</u> link found on the form or right click on the form and select Print from the menu presented or in <u>Netscape use [Cirit]</u> =[p] from the keyboard.	Ľ	1
	Please enter your assigned Training Program ID		2
2	Please enter your pin number		2
	Complete fields then click here to Login		
100	Copyright © 2011, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved		3
	adal kacal kacal kacal kacal kacal kacal ka		U
	Portal Portal Portal Portal Portal Portal Portal		

- 1. Enter your Training Program ID#
- 2. Enter your Pin Number
- 3. Click on LOGIN



You will get a list of candidates trained in your program. You can narrow the search by putting $^00/00/0000$ (candidate training start date) or =00/00/0000 (candidate training completion date). You will then just get a list of candidates with either the start date or completion date you put in.

Results					<u></u>	🕶 🖾 👻 🚍 🖛 👻 Pag	e ▼ Safety ▼
na CNA	Testing					Select	Candidate
		New Print Te	mplate AZ Boster	- Print PDF Application	1101 💌		
 You 	may EDIT/VIEW a candidate	by clicking on the link to their ID.	1221100101			<u>^</u>	
	SEARCH enter partial name(s) and/or ID(s) in this edit >					
 For Trair 	any candidate UNCHECK N/	Released.				÷	
	mm/dd/yyyy = candidates wi				Search Not rel	eased 🔲 Archives	
	=mm/dd/yyyy = candidates w	ith this training completion date					
	ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn Start	Trn Comp	Includ
ы	4170-602-520	5. PRACTICE CANDI	//-	//-	//	04/10/2011	
ld	5170-602-520	6, PRACTICE CANDI	//-	//-	11	04/03/2010	
d	6170-602-520	7, PRACTICE CANDI	05/24/2011-E811	//-	11	04/10/2011	
ld	2157-820-311	ARIZONA, FIVE	//-	//-	11	09/01/2010	
d	0340-220-302	ARIZONA, FOUR	11-	11-	11	09/01/2010	
id Id	0340-220-302 1362-723-720	ARIZONA, FOUR ARIZONA, ONE	11-	11-	11	09/01/2010 08/05/2010	
ld Id	0340-220-302 1362-723-720 2181-673-461	ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX	//- //- //-	//- //- //-	11	09/01/2010 08/05/2010 09/01/2010	V V
d d d	0340-220-302 1362-723-720 2181-673-461 7731-173-720	ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, THREE	//- //- //-	//- //- //-	11 11 11 11	09/01/2010 08/05/2010 09/01/2010 05/01/2010	V V V
d d d d	0340-220-302 1362-723-720 2181-673-461 7731-173-720 7437-352-381	ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, THREE ARIZONA, TWO	11- 11- 11- 11- 11-	11- 11- 11- 11- 11-		09/01/2010 08/05/2010 09/01/2010 05/01/2010 05/01/2010	V V V V
14 14 14 14 14	0340-220-302 1362-723-720 2181-673-461 7731-173-720 7437-352-381 8668-550-831	ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, THREE ARIZONA, TAMEY BROWN, TAMEY ANN	0- 11- 11- 11- 11- 11-	11- 11- 11- 11- 11- 11-		09/01/2010 08/05/2010 09/01/2010 05/01/2010 05/01/2010 09/15/2010	
ld ld ld ld ld ld ld ld	0340-220-302 1362-723-720 2181-873-461 7731-173-720 7437-352-381 8668-550-631 8416-140-252	ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, THREE ARIZONA, THRO BROWN, TAMAY ANN BUNNY, BANTER	11- 11- 11- 11- 11- 11- 11-	//- //- //- //- //- //-	11 11 11 11 11 11 11	09/01/2010 08/01/2010 05/01/2010 05/01/2010 05/01/2010 09/15/2010 01/20/2007	
id id id id id id id id	0340-220-302 1362-723-720 2181-673-461 7731-173-720 7437-352-381 8668-550-631 8416-140-252 0582-331-831	ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, THREE ARIZONA, THREE BROWN, TAMAY ANN BUNNY, BAXTER CANDIDATE, BAMPLE	11. 11. 11. 11. 11. 11. 11. 11.	11 11 11 11 11 11 11 11	// // // // // // 07/01/2011	06/01/2010 06/05/2010 06/01/2010 06/01/2010 06/01/2010 09/15/2010 01/20/2007 //	

Click on the ID number of the candidate

Arizona CNA Testing Submit U NOTE: The BOLD The <i>italic</i> fields are read only and will be auton	Edit Candidate Record (Training) Updates Velds are required. Natically completed when the record is saved.	
Personal Information : Last Updated 07/18/2011 12:59 MT Soc. Sec. 555555555 Number First Middle Last SAMPLE TEST CANDIDATE Maiden (Other name) Address 3310 MCHUGH LANE City ST Zip MESA AZ 85202 Home Phone (602)442-1224 (ccc)ppp-#### Work or Cell (602)442-1234 (ccc)ppp-#### Date of Birth (01/01/1970 mm/dd/yyyy) Test Date Selection View Test Schedule Site: Scheduling not available ▼ Date: Scheduling not available ▼	Training Program ID 9991 View Approved Programs Class/lab Hours	1 2 3
Test Options: N/A Please note that after Choosing and then Accepting a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed. ADA Request Status Accommodation Requested	Funding Status SELF PAY: If checked this indicates that the candidate is paying for their exam. If not checked, then the <u>sponsoring facility indicated</u> below is responsible for paying the testing fees. Sponsor (facility paying for exam)	4
ADA Accomodation Forms Please Note: Selection of this option requires submission of the document available through the link above. You will be unable to test until all requires documentation is received and the status of your request has been determined.	Sponsor ID ????? d <u>Please Note</u> : If this candidate's testing fees are being paid by a facility other than yours, then their facility ID must be entered in the field above. The facility name will be populated once you Submit Updates.	5

- 1. CLASS/LAB HOURS and CLINICAL HOURS put in number of hours for each
- (Traineeship Hours enter hours here if applicable for your program)
- **2. COMPLETED** put in completion of training date (00/00/0000)
- 3. GRADUATED? choose YES or NO from drop down list
- **4. SPONSOR ID** put in your Training Program ID# (THIS FIELD NEEDS TO BE DONE TO ALLOW PROGRAM TO PAY THEIR CANDIDATE'S EXAM FEES)
- 5. Click on SUBMIT UPDATES (the SAVE button)
- 6. ACCOMMODATION REQUESTED click in this box if candidate needs an ADA





requesting an ADA Accommodation you will click on this box and on the link to the ADA form. Print out and give the

If a candidate is

ADA form to the candidate to fill out.

FORM 1404 - ADA Accommodation available at www.hdmaster.com

D&S Diversified Technologies LL Headmaster LLP	P.O. Box 5000, Halena, MT 59604-6609 800-303-8664 - Fax: 406-442-3357 www.hdmaster.com	Innovative, quality technology solutions throughout the United States since 1905.					
ARIZONA – FORM 1404AZ REQUESTFOR ADA ACCOMMODATION							
In compliance with the Americans with Disability applicants with disabilities that may affect their a NA testing program of the needed alternative and the isolowing information and return this fea- tion and all other documentation are needwed with testing accommodations, the NA testing staff may accumentation regarding your disability is consid- intermation about your disability with the NA Des- immation about your disability with the NA Des-	In compliance with the Anexicans with Disabilities Aca (Aca), the Normar Adae (Ar) Tarting Program provides reasonable accommodations for some and the Anexicans with Disabilities Aca (Aca), the Normar Adae (Ar) Tarting Program provides reasonable accommodations for which are program of the needed attentions are required and the needed accommodation to the Acad Acad Mark (Ar) and Acad Acad Acad Acad Acad Acad Acad Aca						
Name:Last	Social Security	¢					
Address: Street	City	State Zip					

E-Mail:
Home Phone: Date of Birth:
Reader MarkerAdditional TimeLarge PrintOther please explain:

Describe your disability and how this substantially limits one or more of your major life activities

xplain the nature and extent of your disability and how it impairs your ability to take the NA exami

Describe the accommodation you are requesting

ribe the accommodations granted to you during your Nursing Assistant Training Program

DaS Diversified Technologies LLP P 0. Box 5200, Harris, MT 2000, 5200 Headmaster LLP P 0. Box 5200, Harris, MT 2000, 5200 Headmaster LLP www.harris.com.et.dl 2007 harris.com.et.dl 2007 harris.com.et.dl

RED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS: licant requesting special testing accommodation must provide the following along

alized tracesting special tarting accommodation multi provide the following along with histher test Competion of the specialization available form the wave histoarise configment form 1404x2. Documentation including eccent (which the tast four years, writes the disability is documented by the pro-der permoved in years, fast readit, evaluations and associationed for availability and the condition walking, seeing, hearing, speciality, learning, hearing, hearing, hearing, which are obtained as and and a setting of the state of the special setting of or on's set of all effort and the special setting and the special setting of the special setting and the special setting setting expected and the special setting and the special setting walk of special to the special setting setting expecting dispection in the special setting walk of special setting walk of special to the special setting setting and expecting dispection in the special setting walk of special task special to the special setting setting and special setting walk of special setting walk of special task special setting setting and special setting matching setting and special setting setting and special setting setting and special setting setting setting matching setting and special setting setting and special setting setting setting setting setting and setting setting and special setting settings in the setting settings and setting setti

- TION MUST INCLUDE: A history of the disability and any past accommodation(s) granted to the candidate, as well as a d impact on the individual's functioning.

Recommendations for tosting accommodations with a stated rationale as to why the requested acco necessary and appropriate for the diagnosed disability. a arsability. alifications, phone of the professional evaluator rec - Contact

ee accommodation in the nursing assistant program, the instructor must sign the accommodation requested was provided by the program. The Primary instructor socommodations, Your signature below indicates that you understand this appli permission to HEADMASTER staff, there IN Test Observers, Written Test Pro-nices to be informed of accommodations requested. The information requested ant'a Signature Date:

actor, and that I provi I certify that I was the above Assistant Training Program.

 DisS Diversified Technologies LLP
 HEADMASTER LLP

 Headmaster LLP
 Diss color, linker, MI toxon 6000 Boot Source Level and Level and Distance and the Linked States area rates

staff findings to the Board by subm

usitered on a cose-ky-cose kosis. It will be necessary for testing and Board staff to speak an amagement. Therefore, it is <u>MPCRTAM</u> float you provide a current address and daytime Findmand floats change. To will incolve writher confituation of any appendixed or skrifed testing staff if you are unable to take the examination on the date for which you are schere writes take. y for testing and Board staff to speak and



EXAM FEE PAYMENT BY TRAINING PROGRAM

(Sponsoring Facilities may pay for their candidates)

Candidate's testing fees may be paid by:

- ⇒ Training Program via VISA or MasterCard
- ⇒ If approved for facility credit, may be invoiced by Headmaster

GO TO: <u>www.hdmaster.com</u> (Headmaster Home Page) – click on ARIZONA – click on WebETest Start Page

Welcome to WebETest® Choose a link below based on the	NA Testing , our on-line exam service. description that best fits your needs.	
Regulatory Agency	Select Test Event / Re-schedule	5
Training Program / Instructor Test Site	On-line Test Results	
Sponsoring Facility Three Month Test Schedule	Skill Evaluator or Written Test Proctor Printer Friendly Test Schedule	
Copyright © 2011, D&S Diversified Technologie	es LLP, and Headmaster LLP, All rights reserved	
1 20 201 2		Real Real

Click on SPONSORING FACILITY

For a select number of candidates, testing fees may be paid by a sponsor such as a training program or an employer. A candidate cannot proceed with scheduling until that sponsor has specifically paid t candidate either with pre-approved credit with D&SDT or a major credit card.	 1
Please enter your assigned Sponsor / Employer ID Please enter your pin number	2
Click this button to view previous Invoices	3
	 4

- 1. SPONSOR / EMPLOYER ID the same as your TRAINING PROGRAM ID#
- 2. PIN NUMBER the same PIN# as for your Training Program
- 3. Click on LOGIN
- **4. INVOICES** click here to view processed invoices then click on View^{**} (see note at end)

~		
Invoices Processed		
07/18/2011 15:32 RCVD	СС	9991000068.txt <u>View</u>
07/18/2011 15:27 RCVD	PO Check	9991000067.txt <u>View</u>



- **1. Click on SEARCH** to get a list of your candidates (may narrow search by typing ^mm/dd/yyyy (training start date) or =mm/dd/yyyy (training completion date) in the box and then clicking Search)
- 2. Check mark in INCLUDE indicates the candidates you want to pay for (you can check or uncheck as needed)
- **3. SELECT/DESELECT ALL CANDIDATES** unchecking this box takes the check out of Include, clicking on the box puts a checkmark in the include box
- 4. PAYMENT AUTHORIZED BY: type in name of person authorized to approve payment
- 5. BY CHECKING HERE ... put checkmark in this box by clicking on it. This paragraph states: "By checking here and submitting these candidates I affirm that I am authorized to approve payment of testing fees for the applicants included herein. I further attest that all candidates included in this invoice have been made aware that test results will be released to training programs, and that they have been made aware of all fees related to no-shows, cancellations, re-schedules, and disputes as outlined in the candidate handbook."
- 6. Click on SUBMIT INVOICE





- 1. Check the list of candidates and total if not correct, you can hit your back arrow to get back to the previous screen to Select or Deselect candidates and follow steps 4-6 above again.
- 2. If paying by credit card, VISA or MasterCard only, put the CARD NUMBER and EXPIRATION DATE in.
- 3. If Facility Credit, meaning Headmaster will invoice your program, click on CHECK PO MO (whichever applies)
- 4. PAYMENT NUMBER if you know the Check, Purchase Order or Money Order number, put it in here. If not, put in today's date.
- 5. Click on SUBMIT FACILITY CREDIT or SUBMIT CREDIT CARD (depending on the option you are paying with).

Headmaster		Invoice	Pafarance #	
Helena, MT 59604-6609		7/18/2011	9991000067	
Bill To PRACTICE TEST SITE 3310 MCHUGH LANE HELENA, MT 59602 Authorized by: Teresa 07/18/2011 15:27 Payment type: PO Check 07182011 ◀	PAYMENT TYPE: Purchase Order (PO) Facility Check or Money Order			
ID	Candidate		Test(s)	Amount
0583-331-831	CANDIDATE, SAMPLE TEST		Written, Skills	108.00
Total				108.00
	Copyright © 2011, D&S Diversified	Technologies LLP, and Headmaster LLP, Al	I rights reserved	

Print this TRANSACTION SUMMARY for your records. HEADMASTER will invoice the training program.

	Arizona CNA Testing	Credit Transaction Summary: You	may view/print invoices from your Sponsor I	ngin screen.	Process Complete	9
	Headmaster		Invoice			
	P.O. Box 6609		Date	Reference #		
	Helena, MT 59604-6609		7/18/2011	9991000068		
	Bill To					
	PRACTICE TEST SITE 3310 MCHUGH LANE HELENA, MT 59602 Authorized by: Teresa 07/18/2011 15:32 Payment type: CC 3746635577	PAYMENT TYPE: Credit Card – Transaction ID#				
	ID	Candidate		Test(s)	Amount	
A.B	0583-331-831	CANDIDATE, SAMPLE TEST		Written, Skills	108.00	-
	Total				108.00	
		Convisient @ 2011 D&S Diversified	Technologies II.D. and Headmanter II.D. All rights re	served		
	Copyright @ 2011, U&S Unversitied Technologies LLP, and Headmaster LLP, All rights reserved					

Print this TRANSACTION SUMMARY for your records when paying by credit card. The TRANSACTION ID# shows up here.

NOTE:

**If you click on INVOICES in the log-in screen, then click on VIEW, you will get the same screen shown above depending on type of payment



EXAM FEE PAYMENT (SELF PAY) AND SCHEDULING BY CANDIDATE

(Instructions for candidates to self pay on-line *or* pay by mailing in payment to Headmaster)

Candidates will need their <u>TEST ID NUMBER</u> or <u>SOCIAL SECURITY NUMBER</u> and <u>PIN #</u> to self-pay on-line with a credit card and to self-schedule. Following are instructions for the Training Program / Instructor to give the Candidate their Test ID# and PIN#:

GO TO: <u>www.hdmaster.com</u> (Headmaster Home Page) – click on ARIZONA – click on WebETest Start Page

i de	Welcome to WebETest©, our on Choose a link below based on the descript	esting on-line exam service. ption that best fits your needs.	
	Regulatory Agency	Select Test Event / Re-schedule	
	Training Program / Instructor	Proctored Written Exam	
	Test Site	On-line Test Results	
	Sponsoring Facility	Skill Evaluator or Written Test Proctor	
No.	Three Month Test Schedule	Printer Friendly Test Schedule	<u></u>
	Copyright © 2011, D&S Diversified Technologies LLP, ar	and Headmaster LLP, All rights reserved	

Click on TRAINING PROGRAM / INSTRUCTOR

Ø	D&S Training Program 🔂 🔻 🖸 🚔 🔻 Page 👻 Safety 👻 Tools 🖲 🚷		
1	Arizona CNA Testing		
2	As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidates when they begin training.	_	
	Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window containing the current student, and then select another		1
	student from your search list. If you select one of the print options for a student, you can either use the PRINT link found on the form or right click on the form and select Print from the menu presented or in Netscape uce (Cirij+[p]) from the keyboard.		•
		Г	
	Please enter your assigned Training Program ID Please enter your pin number		2
	Complete fields then click here to	L	
No.		Г	
			3
9		L	
2			

- 1. Enter your Training Program ID#
- 2. Enter your Pin Number
- 3. Click on LOGIN



Click on SEARCH

rizona (NA Lesting		3			Selec	t Candidate Reco	
		New Pri	nt Template AZ_Roster	 Print PDF Application1 	101 👻			
• 1	You may EDIT//IEW a candidat Fo SEARCH enter partial name(s For any candidate UNCHECK N Fraining program search note: o ^mm/dd/yyyy = candidates w o = mm/dd/yyyy = candidates v	e by cicking on the link to their ID. s) and/or ID(s) in this edit > t Released. ith this training start date with this training completion date	AZ_Roster AZ_Scheduling_Directic AZ_StudentFile AZ_Verification		Search Not rel	eased 🖬 Archives		
			Return to Main M	enu				Γ
	ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.	Include	-
Hold	<u>4170-602-520</u>	5, PRACTICE CANDI	//-	//-	11	04/10/2011		
Hold	<u>5170-602-520</u>	6, PRACTICE CANDI	11-	11-	11	04/03/2010		_
Hold	6170-602-520	7, PRACTICE CANDI	05/24/2011-E811	11-	11	04/10/2011		
Hold	2157-820-311	ARIZONA, FIVE	//-	//•	11	09/01/2010		
Hold	0340-220-302	ARIZONA, FOUR	11-	11-	11	09/01/2010		
Hold	1362-723-720	ARIZONA, ONE	//-	11-	11	08/05/2010		
Hold	2181-673-461	ARIZONA, SIX	11-	11-	11	09/01/2010		
Hold	7731-173-720	ARIZONA, THREE	//-	11-	11	05/01/2010		
Hold	7437-352-381	ARIZONA, TWO	//-	11-	11	05/01/2010		
Hold	8668-550-831	BROWN, TAMMY ANN	//-	11-	11	09/15/2010		_
Hold	8416-140-252	BUNNY, BAXTER	11-	11-	H	01/20/2007		
	0583-331-831	CANDIDATE, SAMPLE	08/03/2011-H626	11-	07/01/2011	07/18/2011		
						100000000000000000000000000000000000000		

- 1. Select the candidates for which you want to create a template by putting a checkmark in the box in the "Include" column. (You can search for candidates with specific training start dates or completion dates by typing ^00/00/0000 or =00/00/0000 in the box above the Search button)
- 2. SELECT: AZ_Scheduling_Directions
- 3. Click on PRINT TEMPLATE

PRINT OUT AND GIVE TO CANDIDATE. The letter contains each candidate's personal TEST ID# and PIN# and directions to self pay and self schedule their exam date.:

Headmaster LLP P.O. Box 6609, Helena, MT 59604-6609 Toll Free: (800)393-8664 Fax: (406)442-3357 Website: www.hdmaster.com Email: hdmaster@hdmaster.com

SAMPLE TEST CANDIDATE 3310 MCHUGH LANE MESA AZ 85202

SAMPLE,

To schedule your Arizona Nursing Assistant exam with Headmaster, please refer to the instructions below:

You may schedule your exam date on-line at any time at www.hdmaster.com.

7 Click on the "Arizona" link listed under "Nurse Aide". When you reach the Arizona webpage click on "Student/Candidate".

7 You will need your TEST ID# [0583-331-831] and your PIN# [v*tJ] to login.

- 7 Before paying or scheduling your test you must read and acknowledge the attestation paragraph at the bottom of the page.
- 7 You must make payment for the test before you will be able to schedule. The prepay by credit card option is under the Self-Pay or Sponsored section.

7 View Test Schedule to see available exam dates.

7 Select a test site... from the drop-down list.

7 Select a test date from the drop down list.

7 Submit Updates to schedule test.

7 Print the exam confirmation letter provided (If you do not see a separate screen with your test confirmation, you are not scheduled to test). If you do not have Internet access, you will need to mail or fax Headmaster forms 1101 and 1402 along with a copy of your training certificate and your payment to the address or fax number listed above. If you have any questions on this process please contact Headmaster at (800)393-8664 and our staff will assist you.

Form 1240

Copyright © 2011 All rights reserved, D&S Diversified Technologies LLP, and Headmaster LLP

INSTRUCTIONS WITH SCREEN SHOTS FOR THE CANDIDATE WHO IS PAYING ON-LINE WITH CREDIT CARD Make copies of these Instructions to give to your SELF PAYING CANDIDATES

GO TO THE HEADMASTER HOME PAGE AT: www.hdmaster.com



Click on ARIZONA

ARIZONA Web Page

Important! Azen Changes Effective 2-2.9212 Candidate forms Candidate from 101 Across Oth Application Form 101 Candidate Mandbook Numang Statent Waver Request Mater y-Greep Numang Grankang Waver Request Candidate Mandbook Matary-Greep Numang Grankang Waver Request Candidate Mandbook Numang Statent Waver Request Material Candidate State Page Matary-Greep Numang Grankang Waver Request Candidate Mandbook Numang Statent Waver Request Material Candidate State Page Matary-Greep Numang Grankang Waver Request Material Candidate State Page Matary-Greep Numang Grankang Waver Request Material Candidate State Page Numang State Waver Request Material State Candidate State Page Matary-Greep Numang Grankang Waver Request Material State Candidate State Page Numang State Mathbook Material State Candidate State Page On-skee Teal RESULTS Materis Page Mathbook Candid	D&S Diversified Technologies LLP Headmaster LLP	Arizona CNA T	eaufig and Certification	Innovative, quality technology solutions throughout the United States since 1965.
Candidate Forms Training Programs Observer Forms Contacts Three Month Test Schedule WebETest © Schedule Test Observer Application Form 1500 Condentiality/indidicosure Agreement Form 1500 Nt taining, testing, and coling,			Important AZBN CNA Exam Changes Effective 2-1-2012	
Three Month Test Schedule WebETest © Shart Page Test Observer Application Form 1500 Please fiel fiee to contact us if you have questions, concerns, or suggestions about our service. We value the tacona Arcona CIAA Application Form 1101 WebETest © Shart Page Condentially/Rondisciosure Agreement Form 1501 Please fiel fiee to contact us if you have questions, concerns, or suggestions about our service. We value the tacona Test Observer Application Form 1501 Please fiel fiee to contact us if you have questions, concerns, or suggestions about our service. We value the tacona Test Observer Application Form 1501 Please fiel fiee to contact us if you have questions, concerns, or suggestions about our service. We value the tacona Test Observer Application Form 1501 Please fiel fiee to contact us if you have questions, concerns, suggestions about our service. We value the tacona Test Observer Application Form 1501 Arzona CIAA Appleation Form 1101 WebETest © Instructions Test Observer Appleation Form 1501 Test Observer Appleation Form 1505 NA framing, testing, and certification process. On-line Test Starboach On-line Test Instructions Test Observer Appleation Form 1505 Na framing, testing, and certification process. Na framing, testing, and certification process. Millary-Foreign Nursing Graduate Variance Instructors Skill Test Instructions Skill Test Instructions Skill Test Instructions Na framing, testing, and certification process. On-line Test RESULTS Sample Patenording Forms Test Ste Agreement Form 15	Candidate Forms	Training Programs	Observer Forms	Contacts
WebETest © Statt Page Concents, or suggestions about our service. We value the Autona Artzona CIA Application Form 1101 WebETest © Istatt Page Concents, or suggestions about our service. We value the Autona Artzona CIA Application Form 1101 WebETest © Istatt Page Concents, or suggestions about our service. We value the Autona Artzona CIA Application Form 1101 WebETest © Istatt Page Concents, or suggestions about our service. We value the Autona Artzona CIA Application Form 1101 On-line Training Porgram Reports Test Observer Equipment Checklet 1504 On-line Training Porgram Reports Statt Cann Details Porgram Manager On-line Training Porgram Reports Statt Cann Details Test Observer Equipment List Form 1505 Mittary-Foreign Nursing Graduate Waiver Request Statt Cann Details Mittary-Foreign Nursing Graduate Waiver Request Statt Cann Details Now Available Written Test Instructions Electronic Written Test Instructions Statt Test Instructions Visitors Statt Page Statt Page Statt Page Test Stat Agreement Form 1502 Test Stat Agreement Form 1502 Now Available Fuid Intate Worksheet-120ml Test Stat Agreement Form 1502 Yeu Will need a creaded foreven water of Winte Marker Comments. Yeu meed a freedet	Three Month Test Schedule	WebETest © On-line Testing	Test Observer Application Form 1500	Please feel free to contact us if you have questions,
Arizona CNA Application Form 1101 WebETest @ instructors Test Observer Equipment Checkist 1504 Matraining, testing, and cartification process. Arizona CNA Scheduling & Payment Form 1402 On-line Testing Program Reports Test Observer Equipment Checkist 1504 Matraining, testing, and cartification process. Murang Student Waiver Request On-line Testing Program Reports Test Observer Equipment Checkist 1504 Matraining, testing, and cartification process. Miltary-Foreign Nursing Graduate Waiver Request On-line Test Instructors Salt Exam Details Test Observer Equipment Checkist 1504 Test Observer Equipment Checkist 1504 Miltary-Foreign Nursing Graduate Waiver Request On-line Test Instructors Salt Exam Details Test Doserver Equipment Checkist 1504 Matraining, testing, and cartification process. Now Available Salt Exam Details Pass Fait Report Test Instructors Test Instructors Schedule / Re-Schedule Electronic Written Test Instructons Sample Recording Forms Sample Recording Forms Test Site Forms Sample Recording Forms Sample Recording Forms Test Site Forms 1502 You will need a reader the documents. You will need a reader the documents. You will need a reader Test Site Form Soon Instructor Workshop Information 2012 Test Site Equipment List Form 1503 You w	Printer Friendly Test Schedule	WebETest © Start Page	Confidentiality/Nondisclosure Agreement Form 1501	 concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Arizona
Arizona CIAA Scheduling & Payment Form 1402 On-line Training Program Reports Test Observer Agreement Form 1505 Tersa SWithrey Arizona CIAA Scheduling & Payment Form 1402 On-line Training Program Reports Test Observer Agreement Form 1505 Program Manager Mittary-Foreign Nursing Graduate Waiver Request Nursing Graduate Waiver Request Training Affdavit Form 1511 Program Manager AAA Accommodation 1404 Nord Accommodation 1404 Writen Test Instructions Electronic Writen Test Instructions Skill Test Instructions Scheduler Re-Schedule Electronic Writen Test Instructions Skill Test Instructions Skill Test Instructions On-line Test RESULTS Sample Recording Forms Test Skie Forms You will need a reader to view and proti most of these documents. You may download 8 hree. Sample Patient Diet Cards Test Skie Forms You will need a reader to view and proti most of these documents. You may download 8 hree. Gring Soon Instructor Workshop Information 2012 Instructor Workshop Information 2012 Test Skie Equipment List Form 1503	Arizona CNA Application Form 1101	WebETest @ Instructions	Test Observer Equipment Checklist 1504	NA training, testing, and certification process.
On-line reports include: On-line reports include: Program Manager Nursing Student Waiver Request • Watten Exam Details Training Affdavt Form 1511 PO Dox 6609 Mittary-Foreign Nursing Graduate Waiver Request • Sam Details Training Affdavt Form 1511 Helana, NT 59604-6609 Mittary-Foreign Nursing Graduate Waiver Request • Nur Available Written Exam Details Written Exam Details ADA Accommodation 1404 Instructors Electronic Written Test Instructions Betwart Test Instructions On-line Test RESULTS Skill Test Instructions Skill Test Instructions Visitors Sample Recording Forms Test Site Forms Test Site Forms Sample Recording Form Test Site Agreement Form 1502 You wai devaluable You way download & Instructor Manbook Test Site Agreement Form 1503 You way download & Instructor Manbook Coming Soon Instructor Workshop Information 2012 Instructor Workshop Information 2012 Test Site Agreement List Form 1503	Arizona CNA Scheduling & Payment Form 1402	On-line Training Program Reports	Test Observer Agreement Form 1505	Headmaster Teresa Whitney
Nursing Student Waiver Request • Wastif Jal Report • Nursing Graduate Waiver Request • Skä E Jam Detaiss • Mittary-Foreign Nursing Graduate Waiver Request • Skä E Jam Detaiss • ADA Accommodation 1404 • Instructors • On-line Test RESULTS • On-line Test RESULTS • On-line Test RESULTS • Stall Test hostructions • Stall Accommodation 1404 • Written Test Instructions • On-line Test RESULTS • Skall Test hostructions • On-line Test RESULTS • Skall Test hostructions • Fluid Intate Worksheet-120ml • Test Site Forms • Fluid Intate Worksheet-120ml • Test Site Equipment List Form 1503 • Fluid Intate Worksheet-120ml • Test Site Equipment List Form 1503 • Instructor Workshop Information 2012 • Instructor Workshop Information 2012 • Instructor Workshop Information • Instructor Workshop Information	Candidate Handbook	On-line reports include:	Recording Form	Program Manager
Miltary-Foreign Nursing Graduate Waver Request Still Exam Delaisis Retake Summary Retake Summary Retake Summary Retake Summary Retake Summary Still Exam Delaisis Still Test Instructions Still Test Instruction Still Test Inst	Nursing Student Waiver Request	Pass/Fail Report	Training Affidavit Form 1511	Helena, MT 59604-6609
ADA Accommodation 1404 Instructors Now Available Written Test Instructions Schedule / Re-Schedule Electronic Written Test Instructions On-line Test RESULTS Electronic Written Test Instructions Skill Test Instructions Candidate Test Exit Survey Sample Recording Forms Candidate Test Site Forms Sample Patient Diet Cards Test Site Agreement Form 1502 Fluid Intake Worksheet-120ml Test Site Equipment List Form 1503 Instructor Workshop Information 2012 Instructor Workshop Information 2012 Instructor Workshop Information 2012 Instructor Workshop Information 2012 Instructor Workshop Information Instructor Workshop Information	Military-Foreign Nursing Graduate Waiver Request	Skill Exam Details Retake Summary	Written Test Instructions	Phone (800) 393-8664 Eax (406) 442-3357
Now Available Written Test Instructions Skil Test Instructions Skil Test Instructions Schedule / Re-Schedule Electronic Written Test Instructions Candidate Test Exit Survey 07 8 3 9 1 On-line Test RESULTS Skil Test Instructions WebETest © Observers View Scheduled Exams 07 8 3 9 1 Sample Recording Forms Sample Patient Diet Cards Test Site Forms You will need a reader to view and print most of these documents. You may download it here Fluid Intake Worksheet-120ml Fluid Intake Worksheet-240ml Test Site Agreement Form 1503 Meer Get Acrobatic Keader Instructor Workshop Information 2012 Instructor Workshop Information 2012 Test Site Form 1503 Meer Get Acrobatic	ADA Accommodation 1404	Instructors	Electronic Written Test Instructions	hdmaster@bdmaster.com
Schedule / Re-Schedule Electronic Written Test Instructions Candidate Test Exit Survey O 78391 On-line Test RESULTS Skill Test Instructions WebETest © Observers View Scheduled Exams You wail need a reader to view and print most of these documents. You may download it here Sample Recording Forms Test Site Forms Test Site Agreement Form 1502 Fluid Intake Worksheet-120ml Test Site Agreement Form 1503 Fluid Intake Worksheet-240ml Test Site Equipment List Form 1503 Instructor Workshop Information 2012 Instructor Workshop Information Instructor Workshop Information Instructor Workshop Information	Now Available	Written Test Instructions	Skill Test Instructions	Visitors
On-line Test RESULTS Skill Test Instructions WebETest@Observers View Scheduled Exams You will need a reader to view and print most of these documents. You may download it here Sample Recording Forms Test Site Forma You will need a reader to view and print most of these documents. You may download it here Sample Patient Diet Cards Test Site Agreement Form 1502 Test Site Agreement Form 1503 Fluid Intake Worksheet-240ml Test Site Equipment List Form 1503 Instructor Handbook Coming Soon Instructor Workshop Information 2012 Instructor Workshop Information	Schedule / Re-Schedule	Electronic Written Test Instructions	Candidate Test Exit Survey	078391
Sample Recording Forms Test Site Forms Sample Patient Diet Cards Test Site Agreement Form 1502 Fluid Intake Worksheet-120mi Test Site Equipment List Form 1503 Fluid Intake Worksheet-240mi Test Site Equipment List Form 1503 Instructor Handbook Coming Soon Instructor Workshop Information 2012 Instructor Workshop Information	On-line Test RESULTS	Skill Test Instructions	WebETest @ Observers View Scheduled Exams	You will need a reader to view and print most of these documents.
Sample Patient Diet Cards Test Site Agreement Form 1502 Fluid Intake Worksheet-120ml Test Site Equipment List Form 1503 Fluid Intake Worksheet-240ml Test Site Equipment List Form 1503 Instructor Handbook Coming Soon Instructor Workshop Information 2012 Instructor Workshop Information		Sample Recording Forms	Test Site Forms	V ou may download it nere
Fluid Intake Worksheet-120ml Test Site Equipment List Form 1503 Fluid Intake Worksheet-240ml Instructor Handbook Coming Soon Instructor Workshop Information 2012 Instructor Workshop Information Instructor Workshop Information		Sample Patient Diet Cards	Test Site Agreement Form 1502	Adobe Reader
Fluid Intake Worksheet-240ml Instructor Handbook Coming Soon Instructor Workshop Information 2012 Instructor Workshop Information		Fluid Intake Worksheet-120ml	Test Site Equipment List Form 1503	
Instructor Handbook Coming Soon Instructor Workshop Information 2012 Instructor Workshop Information		Fluid Intake Worksheet-240ml		
Coming Soon Instructor Workshop Information 2012 Instructor Workshop Information		Instructor Handbook		
Instructor Workshop Information 2012 Instructor Workshop Information		Coming Soon		
Instructor Workshop Information		Instructor Workshop Information 2012		
		Instructor Workshop Information		
			l	
Il University I. Constructions II.			Sector to a	

Click on Schedule $\stackrel{}{/}$ Re-Schedule



- 1. Enter your Test ID# (or Social Security Number)
- 2. Enter your Pin Number
- 3. Click on LOGIN



Click on box next to SELF PAY and then click on SUBMIT UPDATES.

You will get the confirmation below that record has been updated. After you receive the message below – close this window and then click on "Login" again.



	Personal Information : Last Updated 04/25/2012 13:50 MT		Exam Funding Options
Soc. Sec.	Number 555555555		Instructions
First Mi	Idle Last SAMPLE TEST CANDIDATE		
Maiden (Oth	er name)		SELF PAY: If checked this indicates that the candidate is
0	Address 3310 MCHUGH LANE		facility indicated below is responsible for paying the testing
c	ty ST Zip MESA AZ 85202		fees.
Но	ne Phone (602)442-1224 (ccc)ppp-####		Self-Pay or Sponsored
Work or C	ell Phone (602)442-1234 (ccc)ppp=####		Sponsor 9991 PRACTICE TEST SITE
Emai	Address hdmaster@hdmaster.com		or you may elect to
Date	of Birth 01/01/1970 mm/dd/www		Pre-Pay With Credit Card
	ADA Request Status		
	Accommodation Requested		
		/	
Please Note: Selection of this option requires submis	sion of these <u>documents</u> . You will be unable to test until all required documentation is	received and the status of your request has been determ	ined.
	Schedule Exa	im	
	View Test Schedule		Scheduled Test Details
	Site: Scheduling not available		Please note that after Choosing a test date, you MUST
	Deter Schoduling not available		Submit Updates to complete the scheduling process. Your
	Date. Scheduling hot available +		registration process is not complete until your Confirmation
	Test Options: 📃 Oral		letter is displayed.

Click on PRE-PAY WITH CREDIT CARD

Arizona CNA Testing Testing Candidate Credit Authorization You have not yet been cleared to test. If you have sent your payment to the testing agency then this page requires no action. Simply login in at a later date or time as directed by your agency. If you wish to pay for your exam with a credit card then complete the following information which <u>must</u> include the attestation at the bottom of the page and SUBMIT. NOTE: If there is a failure during the approval process it will be neccessary to either log in again, or to re-create your record. Submit Credit Authorization	
First Middle Lasi SAMPLE TEST CANDIDATE Address 3310 MCHUGHLANE Once your credit has been approved you will be returned to your demographicied? storen. If you would like to print a receipt for your purchase, you will find a link similar to the one below City ST Zip MESA AZ 85202 Home Phone (602)442-1224 (cocc)pop_#### Invoice(s) [mmldd/wyyd Email Address hdmaster@hdmaster.com Invoice(s) [mmldd/wyyd Credit Card Number Important Invoice(s) [mmldd/wyyd Amount 108.00 Invoice(s) [mmldd/wyyd Invoice(s) [mmldd/wyd	1 2
Attestation By checking here I attest to the following statements: I authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any cancellation, rescheduling, or dispute fees incurred as described in the Arizona candidate handbook. 	3
Copyright @ 2012, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved	

- **1. Enter your CREDIT CARD NUMBER (no dashes).**
- 2. Enter your credit card EXPIRATION DATE as 00/0000 (like shown in red on screen).
- **3.** Read statements below blue line and put a checkmark in the box stating they have read these statements.
- 4. Click on SUBMIT CREDIT AUTHORIZATION (will be dark gray once cc information is in).

Submit Updates	
NOTE: The BOLD fields are required.	
The <i>italic</i> fields are read only and will be automatically completed when the record is saved.	
Personal Information : Last Updated 04/27/2012 13:36 INT	Exam Funding Options
Soc. Sec. Number 555555555	Instructions
First Middle Last SAMPLE TEST CANDIDATE	Current Status
Maiden (Other name)	SELF PAY: If checked this indicates that the candidate is
Address 3310 MCHUGH LANE	paying for their exam. If not checked, then the sponsoring
	fees
	Self-Pay or Sponsored
	Sponsor 9991 PRACTICE TEST SITE
Work or Cell Phone ([6J2)442-1234 (ccc)ppp-####	
Email Address Indmaster@hdmaster.com	Invoice(s) 04/27/2012
Date of Birth 01/01/1970 mm/dd/yyyy	1 1
ADA Request Status	
Accommodation Requested	
Please Note: Selection of this option requires submission of these documents. You will be unable to test until all required documentation is received and the status of your request has been determined	
Schedule Exam	
View Test Schedule	Scheduled Test Details
City Calent a test city Controlling	Please note that after Choosing a test date, you MUST
Site Stock Block allow	Submit Updates to complete the scheduling process. Your
	registration process is not complete until your Confirmation
Test Options: L Oral	letter is displayed.
Autority (AMA) THE REPORT OF A DESCRIPTION	
Coovrant of 2012, D&S Unversitied Technologies LLP, and Headmaster LLP, All nomis reserved	*

Click on the date next to INVOICE(S) to get a receipt of your credit card payment

Headmaster		Invoice		
P.O. Box 6609		Date	Reference #	
Helena, MT 59604-6609		4/27/2012	00000000	
Bill To				
SAMPLE CANDIDATE 3310 MCHUGH LANE MESA AZ 85202 Payment date: 04/27/2012 13:36 Authorization code: 4339736905				
ID	Candidate		Test(s)	Amount
0583-331-831	CANDIDATE, SAMPLE TEST		Written, Skills	108.00
Total				108.00
SAMPLE RE	CEIPT	RINT		
	Click on	PRINT to print a	а сору	

	Submit Updates		
NOTE: T	he BOLD fields are	e required.	
The <i>italic</i> fields are read only and wil	ll be automatically	completed when the	record is saved

Personal Information : Last Updated 04/27/2012 13:36 MI	Exam Funding Options
Soc. Sec. Number 555555555	Instructions
First Middle Last SAMPLE TEST CANDIDATE	Current Status
Maiden (Other name)	SELF PAY: If checked this indicates that the candidate is
Address 2210 LICUICU I ANE	paying for their exam. If not checked, then the <u>sponsoring</u>
Address ISJU MUHUGH LANC	facility indicated below is responsible for paying the testing
City ST Zip MESA AZ 85202	tees.
Home Phone (602)442-1224 (ccc)ppp-####	Seit-Pay or Sponsored
Work or Cell Phone (602)442-1234 (ccc)ppp-####	Sponsor 19991 PRACTICE TEST SITE
Email Address hdmaster@hdmaster.com	Invoice(s) 104/27/2012
Date of Birth 01/01/1970 mm/dd/yyyy	
ADA Request Status	
Accommodation Requested	
Please Note: Selection of this option requires submission of these documents. You will be unable to test until all required documentation is received and the status of your request has been determined	
Schedule Exam	
	Scheduled Test Details
View Test Schedule	
Site: Select a test site	Please note that after Choosing a test date, you MUST
Date: Select a test date	Submit Updates to complete the scheduling process. Your
Tati Optionar Corel	registration process is not complete until your Confirmation
	iener is uispiayeu.

TO SCHEDULE YOUR TEST DATE:

- 1. Click on the drop down arrow next to SELECT A TEST SITE
- 2. Click on the drop down arrow next to SELECT A TEST DATE

Submit Updates	
NOTE: The BOLD/ Note are required.	
The <i>Italic</i> helds are read only and will be auton the record is saved.	
Personal Information : Last Updated 04/27/2012 13:36 M	Exam Funding Options
Soc. Sec. Number [55555555]	Instructions Current Status
First Middle Last SAMPLE TEST CANDIDATE	
Maiden (Other name)	SELF PAY: If checked this indicates that the candidate is
Address 3310 MCHUGH LANE	facility indicated below is responsible for paving the testing
City ST Zip MESA AZ 85202	fees.
Home Phone (6021442-1224 (ccclopo-####	Self-Pay or Sponsored
Work or Cell Phone (60/2442-124	Sponsor 9991 PRACTICE TEST SITE
	Invoice(s) (04/27/2012)
Date of Birth U1/U1/19/U mm0000yyy	
Accommodation Requested L	
Please Note: Selection of this option requires submission of these documents. You will be unable to test until all required documentation is exceived and the status of your request has been determined	
Schedule Exa	
	Scheduled Test Details
<u>View Test Schedule</u>	
Site: 4130 PHOENIX JOB CORP CTR, PHOENIX	Please note that after Choosing a test date, you MUST
Date: 05/06/2012 E632 07:30 MT 👻	registration process is not complete until your Confirmation
Test Options: 🔽 Oral	letter is displayed.
Copyright © 2012. D&S Diversified Technologies LLP, and Headmaster LLP. All rights reserved	

Click on SUBMIT UPDATES to <u>SAVE</u> your test date selection.

Once you click on SUBMIT UPDATES, your test confirmation letter will come up, click on the PRINT to print a copy.

Message sent to Candidate:hdmaster@hdmaster.com on Apr 27/2012 14:09.48

HEADMASTER Arizona Nurse Aide Testing

Test Date: 05/06/2012 Test Site: PHOENIX JOB CORP CTR 518 S. 3RD ST. PHOENIX, AZ

Print Apr 27, 2012

SAMPLE CANDIDATE 3310 MCHUGH LANE MESA AZ 85202

• TESTING BEGINS AT 07:30 ARRIVE AT LEAST 20 MINUTES EARLY TO CHECK-IN. Please plan for all day.

- Please bring a non-expired signed government issued photo ID (drivers license, state ID or Military ID),
- If you forget your ID or arrive late you will not be permitted to test and you will have to reapply & repay.
- To login use your <u>TEST ID#: 0583-331-831 and your PIN#:v*tJ</u>
- If you are unable to Reschedule on-line call Headmaster at 800-393-8664 for assistance. You will be granted one free reschedule provided you call Headmaster at least 1 business day prior to your test. A \$35 reschedule fee will be charged for all additional reschedules.
- ADA accommodation requests must be submitted with your application and approved prior to testing.
- You may not test if you have any type of temporary physical limitation that would prevent you from performing duties as a CNA (casts, crutches, etc.) or if you have a
 contagious illness.
- If you have been on "Light Duty" at work you will not be allowed to test without a Doctor's Release.
- FAMILY MEMBERS, FRIENDS AND PETS ARE NOT PERMITTED IN THE TESTING AREA.
- CELL PHONES, ELECTRONIC DEVICES AND PERSONAL ITEMS ARE NOT PERMITTED IN THE TESTING ROOM. Anyone caught using any of these devices during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months.
- To cancel your test, you MUST submit your request in writing, fax or email to Headmaster. Your request to cancel must be received in our office at least 24 business hours prior to your test time. You will be charged a \$20.00 cancellation fee that partially offsets costs incurred and will be refunded any remaining balance of your testing fee.
- READ the NA candidate handbook available from the Arizona CNA page on www.hdmaster.com.



FOR THOSE CANDIDATES WHO DO NOT WANT TO PAY *ON-LINE* WITH A CREDIT CARD (Sending payment and scheduling form to Headmaster & paying w/Money Order, Cashier's Check or CC) CANDIDATES WHO COMPLETED JANUARY 1, 2012, TO PRESENT ARE ELIGIBLE

THE ONLY PAPERWORK NEEDED BY HEADMASTER WITH CANDIDATE'S **PAYMENT** IS A **SCHEDULING AND PAYMENT FORM 1402** – WHICH IS AVAILABLE ON OUR ARIZONA WEBSITE:

GO TO THE HEADMASTER HOME PAGE AT: www.hdmaster.com

On-Line CNA Practice		View your :	cheduled exam		
		Please click here to see where a	nd when your next test is scheduled.		
C a. teas C a. teas C a. teas	Licens	sing/Certification	Software	Hardware/Networking	
 C. Stratter, M. C. Sandon, S. Shi, Quantizer, Kanandard, S. Shi, Cogaright & J. Stat. Unaworld Reschwingers, the automatics. Xi right: Economic, Microardise/Microardise.com 	1				
Order an individual test or set up a group testing account.					
omplete an exam from an individual membership.	Nurse Aide ARIZONA	Medication Assistant ARIZONA CMA	On-line Testing WebETest ©, one of our web-based software	Our technical staff can assist you in finding, implementing, and maintaining the hardware	
egin or complete an exam	MONTANA	ARKANSAS CMA	packages, is used in conjunction with Testmaster© to register candidates, deliver	ISO 9002 Certified and we specialize in netw	
from a group account.	NEW HAMPSHIRE	MASSACHUSETTS MAP TESTING & REGISTRY	content, and submit exam results to regulatory	installation and maintenance. Ask Chad or L about a Linux server!	
ree question of the day.	NORTH DAKOTA	MONTANA MA I & II	clients: Utah, Iowa, Ohio, , North Dakota,	Order hardware and software direct!	
Try our free ten item	NEW JERSEY SKILLS	OHIO CMA	Montana, Tennessee, Ohio Lead, Oklahoma, Oklahoma Home Health, Oklahoma Insulin,	Development	
sample test.	OHIO STNA	OREGON CMA	Oklahoma Med Aide, New Jersey CNA, Idaho AL	Do you have exams, surveys, or data that yo would like to make available on line? We ca	
ontent, pricing, ordering	OKLAHOMA		Additional Services	provide you with a data host, software, and	
and use.	OREGON	OHIO LEAD	caregiverlist	 iob analysis. 	
e what customers have said about the practice	SOUTH DAKOTA		Find Caregiving lobs Near You	 webpage design, 	
exam!	TENNESSEE	Facility Administrator	Apply* assisted living communities in your area who are hiring. Caregiverlist's database	 Item writing workshops, on-line item development, 	
Forgot your pin? Click	UTAH	IDAHO	allows hiring companies to easily find the applicants who meet their staffing needs. Caregiver Job Applicants may also	psychometric evaluation Textba CN	
(New 11/15/2011)	VERMONT		learn about policies, pay and background check laws in their	sample test to the left, and imagine how we	
	/	Sample CNA/STNA Training Reports	state and share their caregiving story on caregivenist.	implement your exams.	
Driv cett avd	en by these <u>core beliefs</u> we have been provio ification, and registry solutions since 1992. service, and if your regulatory agency has a	ding quality, innovative, customized testing, We take great pride in our content, delivery methods, a certification dream, we can make it happen! Select you	r		

Click on ARIZONA

ARIZONA Web Page

D&S Diversified Technologies LLP Headmaster LLP	Arizona CNA Testing and Certification					
		Important! AZBN CNA Exam Changes Effective 2-1-2012				
Candidate Forms	Training Programs	Observer Forms	Contacts			
Three Month Test Schedule	WebETest © On-line Testing	Test Observer Application Form 1500	Please feel free to contact us if you have questions,			
Printer Friendly Test Schedule	WebETest © Start Page	Confidentiality/Nondisclosure Agreement Form 1501	 concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Arizon. 			
Arizona CNA Application Form 1101	WebETest @ Instructions	Test Observer Equipment Checklist 1504	NA training, testing, and certification process.			
Arizona CNA Scheduling & Payment Form 1402	On-line Training Program Reports	Test Observer Agreement Form 1505	Headmaster Teresa Whitney			
Candidate Handbook	On-line reports include:	Recording Form	Program Manager			
Nursing Student Waiver Request	Pass/Fail Report	Training Affidavit Form 1511	Helena, MT 59604-6609			
Military-Foreign Nursing Graduate Waiver Reques	Skill Exam Details Retake Summary	Written Test Instructions	Phone (800) 393-8664 Eax (406) 442 3367			
ADA Accommodation 1404	Instructors	Electronic Written Test Instructions	hdmaster@hdmaster.com			
Now Available	Written Test Instructions	Skill Test Instructions	Visitors			
Schedule / Re-Schedule	Electronic Written Test Instructions	Candidate Test Exit Survey	078391			
On-line Test RESULTS	Skill Test Instructions	WebETest @ Observers View Scheduled Exams	You will need a reader to view and print most of these document			
	Sample Recording Forms	Test Site Forms	Get Acrobat-			
	Sample Patient Diet Cards	Test Site Agreement Form 1502	Adobe Reader			
	Fluid Intake Worksheet-120ml	Test Site Equipment List Form 1503				
	Fluid Intake Worksheet-240ml					
	Instructor Handbook					
	Coming Soon					
	Instructor Workshop Information 2012 Instructor Workshop Information					
p://hdmaster.com/testing/cnatesting/arizona/azformpages/az	forms/AZElecWrittenTestInstruc.pdf	ontact us a supervision of the second state of the second se				

Click on Arizona CNA Scheduling and Payment Form 1402

<form></form>									
	D Das	Diversified Technologies Headmaster LLP	LLP P.O. 201 5505, Helen 500-393-5554 - F to www.hdm.to	IER LLI* a, MT-59504-6629 : 405-442-3357 der.com	Innovative, guality technolo Oppoglock the United State	ogy sloutions s sincle 1985.			
Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes TMU A2 rest Scheduler) Image: Choice Test Date: (in num pushtukes Test Date: Test Date: Test Date: Test Date: Test Date: (in num pushtukes Test Date: Test Date: Test Date: Test Date: T	ARIZO	NA NURSING AS TE 8 1: <u>Regional Test Sites</u> d Form 1402 must be received	SISTANT (NA) SCH TING OPTION8: Only use Opti d 8 busin was days prior to the for	IEDULING 8	Parm 1402 PAYMENT FORM ever both day (excluding Saturdays, Sund	АZ Updated 7-1-203 (Ерлан 1402) муж & Holidaya)	12		
4 Digit Test Site # Test Site Name 4 Digit Test Site # Test Site Name 4 Digit Test Site # Test Site Name 4 Digit Test Site # Test Date Test Date<	1ª Choice	Fest Date: (From publishe	d 1700 AZ Test Schedule) 2 nd	Choice Test Dat	9: (From published 1700 AZ, Lest)	Schedule)		Г	
Test Month Test Date Test Month Test Date etiling Option 2: In-Facility Test State & diverse waves of example of the state of the	4 Digit T	est Site # T	est Site Name	4 Digit Test Site #	Test Site Na	 me		—	1
ething Option 2: In-Facility Test Sites all involvements of land and upmaced. Cell 800-022-8996 with REBE to Balance as estimated (high volumese): and energing of Bits of the second and	Test	Month	Test Date	Test Month	- Test Date				
	esting Option	2: In Eaclithy Test Site			- Cor Barc				
Anne of Bite	(High	volumeusers may use Internel	electronic application automation. C	vil 800-323-8664 for Wi	the state of the second s	siming.)			
contact Person Phone	ame of Site				4 Digit Test 8ite #				
contact Person E-Mail	ontact Person				Phone				
ame of Test Observer	ontact Person E	-Mall			Fax Number				
Bits time for Testing: AM flight start PM flight start <td>ame of Test Obs</td> <td>erver</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ame of Test Obs	erver							
to do heave	te of Testing		Start time for 1	Testing:	AM flight start	PM flight sta	rt i		
st up to twelve candidate(s) Boclal Becurity numbers for in-Facility Testing:	te Address		City		State Zip Code				
Exam Types and Fee Payment: (Form 1402 A2) *****NO PER SONAL CHECK'S ACCEPT ED***** If Hequested Tests / Service Requested Self-Pay Candidates Skilled Nursing Facility Totals If Hequested Tests / Service Requested Self-Pay Candidates Skilled Nursing Facility Totals Totals If Hequested Writien Test or Writien Relate - Available in Englisch Only Sizzo Sizzo = sch Image: Service (05-442-0251) Sizzo Sizzo = sch Image: Service (05-442-0251) Sizzo Sizzo = sch Image: Service (05-442-0251) Sizzo = sch Image: Service Face Sizzo = sch Image: Service Face Sizzo = sch Image: Service Face Image: Service Face Image: Service Face Sizzo = sch Image: Service Face Image: Service Fac	st up to twelve a	andidate(s) Social Securit	y numbers for in-Facility Testing						
Exam Types and Fee Payment: (Form 1402.A.) Intervences of the payment: (Form 1402.A.) Intervences of the payment of the payme							-		
Exam Type a and Fee P ayment: (Form 1402 A2) ****NO PER SONAL CHECK S ACCEPT ED************************************									
Even type and the of a service Requested cards and the event of the service requested of th	F	vam Types and Fee Da	vment: (Form 1402 \ 7)		AL CHECKS ACCEPTED		-		
Candidates Rate Only Writen Tiest or Writen Relate - Availability in English Only \$25.00 \$18.00 each 4 2 Skill Tiest or Skill Relate - Availability in English Only \$25.00 \$18.00 each 4 2 Overright Singoing \$18.80 \$18.00 \$18.00 each 4 4 4 Overright Singoing \$18.80 \$18.00 \$18.00 each 4 4 4 4 Overright Singoing \$18.80 \$18.00 \$18.00 each 4 <	#Requested	Tests / Ser	vice Requested	Self-Pay	Skilled Nursing Facility	Totals			
Written Test or Written Retake - Available on Englisch Only \$12.00 \$12.00 \$14.35 each				Candidates	Rate Only				
Check method of payment: Check (Pacifity Only) Cashing's C		Written Test or Written Retai	e - Available in English Only	\$28.00	\$19.06 each		_		
Skill Text or Skill Retains \$20.00 \$30.03		Oral Written Test or Retake	Available in English Only	\$38.00	\$24.59 each			- 2	2
Implementation Imple		Skill Test or Skill Retake		\$50.00	\$50.95 each		_		
Express Service Fee \$12.00 \$12.00 \$12.00 each 100 each		Dversight Shipping	2251)	\$19.50	\$19.50		_		-
No Show No REFUND \$40.00 (no nein bursement) Reschedule \$35.00 \$35.00 (no nein bursement) Cancellation \$35.00 \$35.00 (no nein bursement) Test Review Fee \$35.00 \$25.00 \$25.00 Test Review Fee \$35.00 \$25.00 \$25.00 \$35.00 Check method of payment: Check (resolity Only) Casher's Check Money Onlyr Yes Mester Cand Cend A: Expiration Date: Authorized Signiture: Image Signiture: Imag		Express Service Fee		\$15.00	\$15.00 each		_		
Reschedule \$32.00 \$32.00 \$32.00 (promemburatement) Importance (importance) Cancellation \$22.00 \$22.00 \$22.00 \$22.00 Importance (importance) Importance) Importance Importance) Importance Importance <td< td=""><td></td><td>No Show</td><td></td><td>NO REFUND</td><td>\$40.00 (no reimbur sement)</td><td></td><td>_</td><td></td><td></td></td<>		No Show		NO REFUND	\$40.00 (no reimbur sement)		_		
Cancellation \$28.00 \$28.00 \$28.00 \$1000		Reachedule		\$35.00	\$35.00 (no reim bur sement)		_		
Text Review Piece \$23.00 \$23.00 \$23.00 \$32.00 \$3		Cancelation		\$28.00	\$25.00 (and no reimburgement (rem State Reard of Nursing)		_		
Check method of payment: Check (Paiolity Only) Cashes*a Check Mon by Order Visa Maxter Cand 3 Cand &: Expiration Date: Authorized Sign sture: Zip Codie: 3 Print name as it apprears on your credit cand: Zip Codie: 2 3 wed special accommodations under the Americans with Disadolities Act. To qualify for special accommodations, you must provide written documentation of your deability along h your application. ADA form 1404 AE to available at your high list on the HEADWASTER & 500-352-5554. 4 4 iso submittee of so for or (\$ \$00 cherged to my credit cand [] faxed my application into HEADWASTER . I also understand that if his is my first time testing that I must take to the urittee and skill test. If this is a retake test I must netest only on the portion the HEADWASTER . I also understand that if his is my first time testing that I must take to the urittee and skill test. If this is a retake test I must netest only on the portion the HEADWASTER . I also understand that if is is my first time testing that I must take to the urittee and skill test. If this is a retake test I must netest only on the portion of the test the I field. I understand that if i poid by credit card take my credit card uil be billed for the urittee and skill test. If this is a retake test I must netest only on the portion of the test the I field puis the field (a use retaine the I poid by credit card that my credit card uil be billed for the urittee and skill test. If this is a retake test I would be advected on your test results letter): 4 4 andidate Social Security Number or Test Identification N		Test Review Fee		\$25.00	\$25.00	├ ───┤	_		
Check method of payment: Check (Pacify Only) Cashier's Check Mon av Onder Visis Master Cand 3 Cand R: Expiration Date: Autoinzed Signature: Zip Codie: 3 Innt name with apprears on your credit cand: Zip Codie: Autoinzed Signature: Autoinzed Signature: 3 Innt name with apprears on your credit cand: Zip Codie: Autoinzed Signature: Autoinzed Signature: 4 wed special secontinzations under the Americans with Disabilities and the Out of the Signature to only on the portion that I failed. I understand that If I paid by credit card that my credit card will be billed for the the utitien and skill test. If this is a re-task test I must re-test only on the portion that I failed. I understand that If I paid by credit card that my credit card will be billed for the testion of the test I failed plus the fix fee the ELASE CALL SOURDED SERVED NOT RECEIVE AM. E.MAIL OR REQUIAR UNITED NOT RECEIVE AM. E.MAIL OR REQUIAR UNITED NUMBER or Test Identification Number (located on your test results letter):					CRAND TOTAL:	\$	_		
Check method of payment: Check (pacing only) Canner's Check Money Order Visit Master Card Cand & Expiration Date: Authorized Signiture: Cip Codie: Cip Codie							_		_
Card # Expiration Date: Aution need Sign stare: Print name: writtapp wars on your credit card:	Check method	of payment: Check (F	solity Only) Cashiers Chi	eck Money Or	der Viss MasterCan	•			3
	Card A:		Expiration Date:	Authorized Signatu			_		
ADA ACCOMMUDATION Teed special accommodations under the Americans with Disabilities Act. To guilfy for special accommodations, you must provide writen documentation of your deability along In your application. ADA form 1404 AC is available at yous between or call HEADINASTER + 500-502-5084. Ito autorize a fex fee of \$5.00 charged to my credit card [1 fexed my application into HEADINASTER.] also understand that If this is my first time testing that I must take the the uriten and skill test. If this is a re-take test if under test only on the portion into HEADINASTER.] also understand that If this is my first time testing that I must take the uriten and skill test. If this is a re-take test if under test that I feiled J understand that If i pold by credit card ull be billed for in the uriten and skill test. If this is a re-take test if must test feet only on the portion the test feet only on the portion of the test test I field plus the fixe (e.e., PLEASE CALL \$800-380-380-380-41F YOU DO NOT RECEIVE AN .E-MAIL OR REQUEAR NUL RESPONSE WITHINFINE DAYS	Print name as i	t appears on your credit car	nd:		Zip Cod e:		_		-
the special accommodations under the Americans with Disabilities ALT is qualify for special accommodations, you must provide written documentation of your disability along th your application. ADA form 1404 AE is available at yours before an effective and the ATTACH and the			ADA ACCOMM	UTA UCIN					
th year application. ADA form 1404 AE is evaluable at your hotmatication or call HEADWASTER # 800-382-8864.	need special sccorr	modations under the American	a with Disabilities Act. To guilfy fors	pecial accommodations.	you must provide written documentalik	on of your datability alo	~		
A description of the control of	h your application.	ADA form 1404 AZ is svalable at	www.hdmaakec.com or call HEADWAST	ER # 800-393-5854.					
th the written and skill test. If this is a netalize test i must retest only on the portion that if folded i understand that if i paid by credit card that my credit card will be billed for the portion of the test that i folded plus the fox fee: <u>PLEASE CALL 200-383-3844 IF YOU DO NOT RECEIVE AN E-MAIL OR REQUILAR</u> A middate Social Security Number or Test Identification Number (located on your test results letter): /	iso authorize a fax	fee of \$5.00 charged to my crea	dt card 🖞 i faxed my application into H	EADMASTER. I also	understand that if this is my first time	testing that I must tak	ke i		٦
In the written and skill test og for the portion of the test field plus the fix fee. <u>Plus EASE CALL SOUS SESSABLE YOU DO NOT RECEIVE AN ALLOR REQULAR</u> ALL RESPONSE WITHIN FIVE DAYS. "NO PERSONAL CHECKS ACCEPTED" andidate Social Security Number or Test Identification Number (located on your test results letter):	th the written and s	kill test. If this is a re-take test i	must re-test only on the portion that	I failed. I understand th	at if I paid by credit card that my cred	dit card will be blied f		4	
andidate Social Security Number or Test Identification Number (located on your test results letter): /	In the written and s ML RESPONSE W	Kill test or for the portion of the ITHINFINE DAYS. ""NO PER	test that I failed plus the fax fee. PLE SONAL CHECKS ACCEPTED***	ASE CALL SOL-193-58	184 IF YOU DO NOT RECEIVE AN.	E-MAIL OR REGUL/	× .	┦╹	
andidate Signature	andidate Social :	Security Number or Test Id	entification Number (located on	your test results let	ter):/				
(UNSIGNED APPELCATIONS WILL BE RETURNED)	andidate Sign	ature;							
tone Scientiation Application Scheduling & Payment Form 1402			UNSIGNED APPLICATIONS	WILL BE REFURNE	u)				٦
	tone Exemination A	oplication Scheduling & Payment	Form 1402			Updated: 7/1/2012		- 5	

- 1. Put your First and Second Test Choice Sites and Dates (available by looking at the 3 Month Test Schedule on our website first button under Candidate Forms).
- 2. Check the tests you will be taking (Written \$28 Skill Test \$80).
- 3. Check your payment method (Money Order & Cashier Checks payable to HEADMASTER) or put in
- your credit card information (may fax in CC pmts, and there is an additional \$5.00 fax fee for this service).
- 4. Write your Social Security Number in.
- 5. Sign the bottom of the form (unsigned applications will be returned for signature).

Send your completed <u>SCHEDULING & PAYMENT FORM 1402</u> and <u>PAYMENT</u> to Headmaster. You will be sent a Test Confirmation Letter once scheduled.



SCHEDULING CANDIDATES TO TEST (BY TRAINING PROGRAM)

(after training is completed and exam fees have been paid)



Click on TRAINING PROGRAM / INSTRUCTOR

C	Dos Training Program	🏠 🔻 🗟 👻 🖃 🖶 👻 Page 👻 Safety 👻 Tools 👻 🔞		
	Arizona CNA Testing As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will ele candidate. To do so you must have been assigned a training ID and pin number by D&S Diversified Technologies. Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window core student for your select to op of the print ontone for you are althout use an either use the PINIT link found on the form or clother click on the form and select Print	Instructor/Program Login ectronically certify the completion status of each enrolled intaining the current student, and then select another it from the menu presented or in Natecane we dominated	_	1
	from the keyboard. Please enter your assigned Training Program ID Please enter your pin number	n control mento beconte ou un transmissione (onita (bi	_	2
	Complete fields then click here to Login Copyright © 2011, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved			3
	I POREI POREI POREI POREI POREI	Rowlor Rowlor		

- 1. Enter your Training Program ID#
- 2. Enter your Pin Number
- 3. Click on LOGIN



Click on SEARCH

arch Kesults	5				<u>ن</u> 🟠 د	• 🔝 • 🖃 🖶 • Pag	ge ▼ Safety ▼ Tools ▼
rizona Cl	NA Testing	New Print T	emplate AZ_Roster	Print PDF Application1	1101 -	Selec	t Candidate Record
• Yı • Ta • Fa • Tr • 0	ou may EDIT/VIEW a candidate p SEARCH enter partial name(s) or any candidate UNCHECK Not raining program search note: • mm/dd/yyyy = candidates wi • mm/dd/yyyy = candidates wi	by clicking on the link to their ID. and/or ID(s) in this edit > Released. In this training start date th this training completion date			Search 🖬 Not rele	ased Archives	
	10 (5-14)	li en e	Return to Main Me	nu Taat Obaliaa 40			- Include
Hold	4170-602-520	5, PRACTICE CANDI	//-	Test Choice #2	I'm_Start //	04/10/2011	include
Hold	5170-602-520	6, PRACTICE CANDI	//-	11-	11	04/03/2010	
Hold							
	6170-802-520	7, PRACTICE CANDI	05/24/2011-E811	//-	11	04/10/2011	
Hold	<u>6170-802-520</u> 2157-820-311	7, PRACTICE CANDI ARIZONA, FIVE	05/24/2011-E811 //-	11-		09/01/2010	
Hold	<u>6170-802-520</u> 2157-820-311 0340-220-302	7, PRACTICE CANDI ARIZONA, FIVE ARIZONA, FOUR	05/24/2011-E811 //- //-	//- //-		04/10/2011 09/01/2010 09/01/2010	
Hold Hold Hold	<u> 6170-602-520</u> <u> 2157-820-311</u> <u> 0340-220-302</u> <u> 1362-723-720</u>	7, PRACTICE CANDI ARIZONA, FIVE ARIZONA, FOUR ARIZONA, ONE	06/24/2011-E811 //- //- //-	//- //- //-		04/10/2011 09/01/2010 09/01/2010 08/05/2010	
Hold Hold Hold Hold	2157-820-311 0340-220-302 1362-723-720 2181-673-481	7, PRACTICE CANDI ARIZONA, FIVE ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX	05/24/2011-E311 //- //- //- //-	//- //- //- //-		04/10/2011 09/01/2010 09/01/2010 08/05/2010 09/01/2010	
Hold Hold Hold Hold	2157-820-311 0340-220-302 1362-723-720 2181-673-461 7731-173-720	7, FRACTICE CANDI ARIZONA, FIVE ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, THREE	05/24/2011-E811 //- //- //- //-	11. 11. 11. 11. 11.		04/10/2011 09/01/2010 09/01/2010 08/05/2010 09/01/2010 05/01/2010	
Hold Hold Hold Hold Hold	<u> 1176-852-530</u> 2157-520-311 0340-220-302 1362-723-720 2181-673-461 7731-173-720 7437-352-381	7, FRACTICE CANDI ARIZONA, FIVE ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, SIX ARIZONA, THREE ARIZONA, THREE ARIZONA, THREE	05/24/2011-E811 //- //- //- //- //-	11. 11. 11. 11. 11. 11.		04/10/2011 09/01/2010 08/04/2010 09/01/2010 09/01/2010 05/01/2010	
Hold Hold Hold Hold Hold Hold Hold	<u> 1176-852-530</u> 2157-820-311 0340-220-302 1362-723-720 2181-673-461 7731-173-720 7437-352-381 8686-550-831	7. PRACTICE CANDI ARIZONA, FIVE ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, SIX ARIZONA, THREE ARIZONA, THREE ARIZONA, TAMAY-ARIN	05/24/2011-E811 //- //- //- //- //- //-	11. 11. 11. 11. 11. 11. 11. 11.		041/0/2011 09/01/2010 09/01/2010 08/04/2010 09/01/2010 05/01/2010 09/15/2010	
Hold Hold Hold Hold Hold Hold Hold	<u>9176-852-520</u> 2157-820-311 0340-220-302 1362-723-720 2181-673-461 7731-173-720 7437-352-381 8688-550-831 8416-140-252	7, PRACTICE CANDI ARIZONA, FIVE ARIZONA, FOUR ARIZONA, ONE ARIZONA, SIX ARIZONA, SIX ARIZONA, THREE ARIZONA, TWO BROWD, TAMAPARTIN BUNNY, BATTER	05/24/2011-E811 //- //- //- //- //- //- //-	11. 11. 11. 11. 11. 11. 11. 11.		041/0/2011 09/01/2010 08/05/2010 08/05/2010 05/01/2010 05/01/2010 06/01/2010 09/15/2010 01/5/2010	

- 1. HOLD in the far left column means the candidate's testing fees have not been paid.
- 2. No Hold in the column means testing fees have been paid the candidate can be scheduled to test.
- 3. Click on CANDIDATE'S ID





If the candidate needs an ORAL test, you would check this box.

An ORAL test means the candidate will listen to the questions read to them from a cassette tape or through the computer speakers.





- 1. MESSAGE SENT TO Confirmation of email sent (if candidate has email)
- 2. TEST DATE Date of test
- 3. TEST SITE: Name and address of test site
- 4. CANDIDATE'S name and mailing address where hard copy is sent (if sent to candidate).

5. TESTING BEGINS AT: Start time (in military time) of test event. All start times are local times. Other information regarding their test event (ID to bring, time to check-in, etc.

6. MAP OF TEST SITE: Any site specific directions will be in box to the right of the map.

Templates //

ROSTER SCHEDULING DIRECTIONS STUDENT FILE VERIFICATION

PRE-POPULATED TEMPLATES

(forms available after candidates are entered in WebETest©)



Click on TRAINING PROGRAM / INSTRUCTOR

Ø	D&S Training Program 🔂 🔻 🖸 👘 💌 Page 💌 Safety 💌 Tools 💌	0	
	Arizona CNA Testing	91	
	As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidate. To do so you must have been assigned a training ID and pin number by D&S Diversified Technologies.		
	Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window containing the current student, and then select another student from your search list. If you select one of the print options for a student, you can either use the <u>PRINT</u> link found on the form or right click on the form and select Print from the menu presented or in <u>Netscape use (Clinjelp</u>) from the keyboard.		1
	Please enter your assigned Training Program ID		-
Ø	Please enter your pin number		2
	Complete fields then click here to Login		
100	Copyright @ 2011, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved		3
			Ŭ
	I PORTA PORTA PORTA PORTA PORTA PORTA PORTA		

- 1. Enter your Training Program ID#
- 2. Enter your Pin Number
- 3. Click on LOGIN



Click on SEARCH

rizonan -	.NA Testing You may EDIT/VIEW a candidat To SEAPCH anter partial name(New Print Te e by clicking on the link to their ID.	AZ_Roster AZ_Roster AZ_Scheduling Direction	Print PDF Application 11	01 -) Selec	Candidate Reco	
	 or any candidate UNCHECK No fraining program search note: ^mm/dd/yyyy = candidates w =mm/dd/yyyy = candidates v 	it Released. ith this training start date with this training completion date	AZ_StudentFile AZ_Verification	20 	Search 🔲 Not rele	ased 🖬 Archives		
	ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.	Include	2
Hold	4170-602-520	5, PRACTICE CANDI	11-	11-	11	04/10/2011		
Hold	<u>5170-602-520</u>	6, PRACTICE CANDI	//-	11-	11	04/03/2010		
Hold	<u>6170-602-520</u>	7, PRACTICE CANDI	05/24/2011-E811	11-	11	04/10/2011		
Hold	<u>2157-820-311</u>	ARIZONA, FIVE	11-	11-	11	09/01/2010		
Hold	0340-220-302	ARIZONA, FOUR	11-	11-	11	09/01/2010		
Hold	1362-723-720	ARIZONA, ONE	11-	11-	11	08/05/2010		
Hold	<u>2181-673-461</u>	ARIZONA, SIX	//-	11-	11	09/01/2010		
Hold	7731-173-720	ARIZONA, THREE	11-	11-	11	05/01/2010		
Hold	7437-352-381	ARIZONA, TWO	11-	11-	11	05/01/2010		
Hold	<u>8668-550-831</u>	BROWN, TAMMY ANN	11-	//-	11	09/15/2010		
Hold	8416-140-252	BUNNY, BAXTER	11-	11-	H	01/20/2007		
	0583-331-831	CANDIDATE, SAMPLE	08/03/2011-H626	11-	07/01/2011	07/18/2011	☑ ←	1

- 4. Select the candidates you want the template to be created for by having a checkmark in box under Include (you can search for candidates with specific training start dates or completion dates by typing ^00/00/0000 or =00/00/0000 in the box above the Search button)
 5. Select the TEMPLATE you want
 6. Click on PRINT TEMPLATE

AZ VERIFICATION

This form is recommended after you enter your candidates when they start training. Print the Verification Form out for each candidate and give to them to verify that their personal information you have entered is correct.

	ARIZONA STATE BOARD OF NURSING CERTIFIED NURSING ASSISTANT 4747 North 7th Street, Suite 200 Phoenix, AZ 85014-3655 (602)771-7800					
	c	NA Certification by Examination Demographic Verification	DN			
Last Name: CANDIDATE		First Name: SAMPLE	Middle Name: TEST			
Former Name:			Gender:			
Social Security Number: 555-55-5555			Date of Birth: 01/01/1970	1		
Mailing Address: 3310 MCHUGH LANE		City: MESA	State: AZ	Zip Code: 85202		
Phone: (602)442-1224	Work: (602)442-1234	Email: hdmaster@hdma	aster.com			
Special Test Needs: None		ADA Accommodation: Non	le			
Applicants' Signature			Date of Signature			
	Copyright © 2011	D&S Diversified Technologies LLP, and Headmaster LLP,	All rights reserved			



Pre-populated Nurse Aide Training Registration Roster

	ARIZONA STATE BOARD OF NURSING CERTIFIED NURSING ASSISTANT 4747 North 7th Street, Suite 200 Phoenix, AZ 85014-3655 (602)771-7800								
	NURSE AIDE TRAINING REGISTRATION ROSTER								
Facility OR Training Program: P	RACTICE TEST SITE				Alpha Code:				
Address: 3310 MCHUGH L	ANE				D&S Code: 9991				
City: HELENA				State: MT	Zip Code: 59602				
Phone Number: (406)442-865	56			Fax Number: (000)000-0000					
Contact:				Phone Number: (000)000-0000					
ID	Last Name	First Name	Middle Name	Address	City	Training Start Date	Training Completion Date		
555-55-5555	CANDIDATE	SAMPLE	TEST	3310 MCHUGH LANE	MESA , AZ	07/01/2011	07/18/2011		
I verify that the students listed	on this training roster have succe	essfully completed a Board approve	Do Not alter this form in any v ed Nurse Aide Training Program.	way or it will invalidate training verification	on.				
	Pro	gram Coordinator Signature			Administrator Signature		Date		
	Arizon Cer 4747 N Ph	na State Board of Nursing rtified Nursing Assistant North 7th Street, Suite 200 noenix, AZ 85014-3655			Headmaster LLP P.O. Box 6609 Helena, MT 59604-6609				
Revised 4/20/2011			Copyright © 2011, D&S Diversified	Technologies LLP, dba Headmaster LLP, All	rights reserved		Form 1601AZ		

AZ SCHEDULING DIRECTIONS

Print out and give to candidates and they may go on-line and pay their exam fees and schedule themselves.

Headmaster LLP P.O. Box 6609, Helena, MT 59604-6609 Toll Free: (800)393-8664 Fax: (406)442-3357 Website: www.hdmaster.com Email: hdmaster@hdmaster.com

SAMPLE TEST CANDIDATE 3310 MCHUGH LANE MESA AZ 85202

SAMPLE,

To schedule your Arizona Nursing Assistant exam with Headmaster, please refer to the instructions below:

You may schedule your exam date on-line at any time at www.hdmaster.com.

7 Click on the "Arizona" link listed under "Nurse Aide". When you reach the Arizona webpage click on "Student/Candidate".

7 You will need your TEST ID# [0583-331-831] and your PIN# [v*tJ] to login.

7 Before paying or scheduling your test you must read and acknowledge the attestation paragraph at the bottom of the page.

7 You must make payment for the test before you will be able to schedule. The prepay by credit card option is under the Self-Pay or Sponsored section.

7 <u>View Test Schedule</u> to see available exam dates.

7 Select a test site... from the drop-down list.

7 Select a test date from the drop down list.

7 Submit Updates to schedule test.

7 Print the exam confirmation letter provided (If you do not see a separate screen with your test confirmation, you are not scheduled to test). If you do not have Internet access, you will need to mail or fax Headmaster forms 1101 and 1402 along with a copy of your training certificate and your payment to the address or fax number listed above. If you have any questions on this process please contact Headmaster at (800)393-8664 and our staff will assist you.

Form 1240

AZ STUDENT FILE

Nursing Assistant Student File

PRACTICE TEST SITE Program Name

Last Name: CANDIDATE		First Name: SA	MPLE	Middle Name: TEST	
Test ID: 0583-331-831	Date	e of Birth: 01/01/1970	Place of Birth:		
Mailing Address: 3310 M	CHUGH LANE	Ci	ty: MESA	State: AZ	Zip Code: 85202
Phone: (602)442-1224	Unlisted: N	Email: hdmaster@ho	dmaster.com		

	Classro	oom Phase				Clinical Ph	lase	
Day Outline	DATE	HOURS	PRES	ABS	DATE	HOURS	PRES	ABS
		<u> </u>				<u> </u>		
	<u> </u>							

Total Classroom Hours:				Total Clin	ical Hours:	
Test Scores:	1.		2.		3.	Final % Exam:
Lab/Clinical Skills Comple	etion Date:			Clinical P	erformance:	🗌 Pass 🔲 Fail
Eligibility for State Exam:	🗌 Yes	🗌 No		Exam Ap	plication Mail	ed: 🗌 Yes 🔲 No
Date of State Exam:			CNA Certi	ficate Receiv	ved: 🗌 Ye	es 🗌 No
	Written:	Pass	🗌 Fail	Manual:	Pass	🗌 Fail

Copyright © 2011, D&S Diversified Technologies LLP, dba Headmaster LLP, All rights reserved



PRE-POPULATED PDF'S

(Forms available after candidates are entered in WebETest© and have completed training)

GO TO: www.hdmaster.com (Headmaster Home Page) – click on ARIZONA – click on WebETest Start Page



Click on TRAINING PROGRAM / INSTRUCTOR

Ø	D&S Training Program 🚵 👻 🖾 🌞 💌 Page 💌 Safety 💌 Tools 💌	0	
1	Arizona CNA Testing	1	
2	As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidate. To do so you must have been assigned a training ID and pin number by D&S Diversified Technologies.		
-	Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window containing the current student, and then select another student from your search list. If you select one of the print options for a student, you can either use the <u>PRINT</u> link found on the form or right click on the form and select Print from the menu presented or in <u>Netscape use</u> [Ctrij*[p] from the keyboard.		1
0	Please enter your assigned Training Program ID		2
9	Please enter your pin number		Ľ
	Complete fields then click here to Login		
100	Copyright © 2011, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved		3
	ACEAL FACEAL FACEAL FACEAL FACEAL FACEAL FACEAL FA		,
	1 Porter Porter Porter Porter Porter Porter Porter		

- 1. Enter your Training Program ID#
- 2. Enter your Pin Number
- 3. Click on LOGIN



Search Results Arizona CNA Testing You may EDIT/VIEW a cand To SEARCH enter partial nai For any candidate UNCHECI Training program search note o *mm/dd/yyyy = candidate o =mm/dd/yyyy = candidate	New Prin idate by clicking on the link to their ID. me(s) and/or ID(s) in this edit > K Not Released. se with this training start date se with this training completion date	t Template AZ_Roster	Print PDF Application110 Application110 AZBN_CNA_Ap Certficate	plication	V N V I H V Pr Selection released Archives	age • Safety • Tools • et Candidate Record
		Return to Mai	in Menu			
ID (Edit)	Name	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.	Include
0583-331-831	CANDIDATE, SAMPLE	08/03/2011-H628	11-	07/01/2011	07/18/2011	
		Return to Mai	in Menu			
		Copyright © 2011, D&S Diversified Technologies LI	LP, and Headmaster LLP, All rights reserved			
					A Data	

- Select the candidate for which you want to print an application or certificate for by putting a checkmark in the box in the "Include" column (you can search for candidates with specific training start dates or completion dates by typing ^00/00/0000 or =00/00/0000 in the box above the Search button)
- 2. Select either HEADMASTER APPLICATION 1101, AZBN CNA APPLICATION or CERTIFICATE
- 3. Click on PRINT PDF

*****Remember that some fields are pre-populated and that there are fields that will still need the candidate to "hand write" the information in.*****

HEADMASTER 1101 APPLICATION

This application does not need to be mailed into Headmaster (as your candidates are already in our system), it is optional to print for your candidates.

D&S Diversifie	d Technologies I I P	HEADMACTED IID		
Headr	naster LLP	P.O. Box 6609, Helena, MT 5960 800-393-8664 – Fax: 406-4423 www.hdmaster.com	4-6609 Innovative 1357 throughout	quality technology solutions the United States since 1985.
				Form 1101AZ Updated 8-3-201
ARIZONA NU	JRSING ASSI	STANT (NA) EXAMIN	ATION APPLIC	CATION (FORM 1101)
INSTRUCTIONS: (Also see	e www.hdmaster.com)			
 DO NOT mail this NA Examinat Complete this NA Examinat 	Ination Application to the Ariz	tone State Board of Nursing (AZBN).	MASTER & business days	vior to the testing day evaluating
Saturdays, Sundays & Hol	lidays or express oharges v	will coour.		and to are teacing any excitation,
 Send this completed application 	ation with payment to P.O. B	Sox 8809-Helena, MT 58804-8609.	ad hit balance and a	and of appelous and as a bit. If your bit
training was completed more	e than 2 years ago OR includ	e a Nursing Student/Military/Foreign Nursin	Greduate Walver Request for	m approved by the AZBN. (Available
from the Arizona Board or N	lursing or at www.hdmaster.c			
NOTE: Facilities MAKE A	LL CHECKS PAYABLE	ETO HEADMASTER. CANDI	DATE PERSONAL CHECK	IS ARE NOT ACCEPTED
Before submitting this testing a	application, please check of	ff the following: (Incomplete applications	will be returned to applicant	for completion.)
This application is filled out	t completely and signed wh	ere required.		
Exam payment is included	d with the testing application.			
I have attached proof of my 1	120 hours of NA training to this	application OR included a Nursing Student/Milita	y/Foreign Nursing Greduate Weiv	er Request form approved by the AZBN.
CANDIDATE INFORMATION: (FO	rm 1101) Print clearly ((Use lnk) or Type (High volume users o	n-line registration is availabl	e at www.hdmaster.oom)
			•	
Social Security No. 5 5	5 - 5 5 - 5 5 5 5	(Mandatory: Your Social Security numb	er will only be shared with th	he Artzona State Board of Nursing)
Applicant's Name CA	NDIDATE S	SAMPLE	TEST	
Mailing Address	3310 MCHUG	H LANE	MI	Maiden/Former Name
Other MPS 3		37		- 05202
			MARICOPA	
Line Talantara (6	021442-122	4 County	MARICOPA	1234
Home Telephone (6	02)442-122	4 Message/Work Pho	ne (602)442-	1234
Home Telephone (6 Birth Date (Month/Day/Y	02) 442 - 122 ear) 01/01/197 (Mandatory)	County County MessageWork Pho E-Mall Address: hdmast Providing your email address is your au	ne (602)442- er@hdmaster horization for us to use it for	1234 .com test continuation and results letter
Home Telephone (6 Birth Date (Month/Day/Y) I have successfully completed beining program more than 2 yet completing the beining program ((Mandatoy) an AZBN approved 120 ho BR have stached a Nursing	4 Country 6 E-Mail Address: h d m a s t 7 rowting your small address is your au wir Nursing Assistant Training Program aveof of employment to show that I have po- Student/Willingv/Foreign Nursing Greduate	$\begin{array}{c} \text{mARTCOPA} \\ \text{er} (602) 442 - \\ \text{er} 0 \text{hdmaster} \\ formation for us to use it for instant out of the set of$	2) 0 0 2 2 0 2 2) 0 2 2 0 2 2) 0 2 2 0 2 2) 0 2 2 0 2 2) 0 2 2 2 0 2 2 2) 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Home Telephone (5 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the beining program C Program Code # 9 9 9 1	o 2) 4 4 2 - 1 2 2 ear) 0 1 / 0 1/1 9 7 (Mandatoy) an AZBN approved 120 ho as ago and have attached a DR I have attached a Nursing Program Name PRJ	MessageWork Pho MessageWork Pho O E-Mail Address: h d m as t Providing your amail address is your au Nursing Assistant Training Program student/Military/Foreign Nursing Graduate ACTICE TEST SITE (On Cl	MARICOPA ne (602) 442- er@hdmaster within the past 24 months 0 tromed nursing assistant dut Walver Request form approve esticate) City HELENA	2)p 8 5 2 0 2 1 2 3 4 c C O M test continuation and results letter R I have completed an AZEN approv a dung every 24 month period sin of by the AZEN.
Home Telephone (6 Birth Date (Month/Day/Y) I have successfully completed beining program more than 2 ye completing the beining program (Program Code # 9 9 9 1 Date Completed 9 7 / 1	02) 442-122 (Mandatov) an AZBN approved 120 ho ars ago and have attached p DR I have attached a Nursing Program Name PRJ 8 / 2011	4 Country 4 Message-Work Pho 0 E-Mail Address: h dmast Providing your email address is your air ur Nursing Acsistant Training Program poor of employment to show that I have po Student/Willary/Foreign Nursing Graduate ACTICE TEST SITE (On Co	MARICOPA ne (602) 442- er@hdmaster horization for us to use it tho who is the terminal state of the rest of the terminal state of the terminal state of the rest of terminal state of the rest of terminal state of term	ZDD 8 20 2
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed belining program more than 2 ye completing the training program Program Code # 9 9 9 1 Date Completed 0 7 / 1	(02) 442-122 (ear) 01/01/197 (Maridatov) an AZEN approved 120 ho as ago and have attached p DR i have attached a Nursing Program Name PRJ 8/2011 // facility is paying 1	4 Country 4 Message-Work Pho 0 E-Mail Address: h d m a s t Providing your email address is your au work of employment to show that I have po Student/Milliany/Foreign Nursing Greduate ACTICE TEST SITE (On Cr Contact Person for your test, this section must be comple	MARICOPA ne (602) 442- er@h.dm.ast.er hortzation for us to use it foo within the past 24 months 0 romed nursing assistant dut Waiver Request form approve etiticato) City HELENA ited by Nursing Supervisor	ZID 8 2 0 2 I 2 3 4 C C OM test confirmation and results letter R I have completed an AZEN approv es during <u>every</u> 24 month period sin d by the AZEN.
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed baining program more than 2 yet completing the baining program (0 Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name	0 2) 4 4 2 - 1 2 2 (mandatory) an AZBN approved 120 ho ors ago and have attached p DR i have attached a Nursing Program Name PRJ 8 / 2 0 1 1 # facility is paying i	4 Country 4 Message/Work Pho 0 E-Mail Address: h d m a s t Providing your email address is your au ur Nursing Assistant Training Program bood of employment to show that I have po Student/Millary/Foreign Nursing Greduate ACTICE TEST SITE (On Co Contact Person for your test, this section must be comple	MARICOPA ne (602) 442- er@h.dmaster horization for us to use it for within the past 24 months 0 romed nursing assistant dut Naiver Request form approve riticate) City HELENA sted by Nursing Supervisor Phone	2)p = 8 2 0 2 2)p = 8 2 0 2 1 2 3 4 C = C O II 1 set continuation and results letter R here completed an AZSN approv so during every 24 month period sin d by the AZSN.
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the beining program (Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name Address	02) 442-122 (Mandatovy) an AZBN approved 120 ho ars spo and have attached p RI have attached a Nursing Program Name PRJ 8/2011 If facility is paying t	Country Country Country Country Country Country Contact Person	MARICOPA ne (602) 442- er@hdmaster hortzation for us to use it tho risorrest to use it tho which the past 24 months 0 risorrest automatic torm approve eriticate) City HELENA which Request form approve eriticate) City HELENA here by Nursing Supervisor Phome On	200 8 20 2 1 2 3 4 5 C OM 1ost Confirmation and results letter R I have completed an AZEN approve es during <u>every</u> 24 month period sind d by the AZEN.
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the beining program (0 Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name Address	(Mandatory) an AZBN approved 120 ho as ago and have attached p DR I have attached a Nursing Program Name PRJ 8 / 2 0 1 If facility is paying 1 Dervisor	Country Country Country Country Country Contact Person Contact Person Contact Person Contact Person Contact Person	nne (602) 442- er @h.dm.ast.er horization for us to use it tho thorization for us to use it tho where a nursing assistant dut waiver Request form approve estituate) City HELENA ited by Nursing Supervisor Phone Date	ZID 83202 I 2 3 4 C . C OM Test Confirmation and results letter R I have completed an AZEN Approv is during <u>every</u> 24 month period sin d by the AZEN.
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the training program Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name Address Signature of Nursing Sup The written test is also at	(Maridatory) an AZBN approved 120 ho as ago and have attached p DR i have attached a Nursing Program Name PRJ 8 / 2 0 1 1 If facility is paying to pervisor valiable orally, if you of	Control Control	MARICOPA ne (602) 442- er@h.dm.aster hortzation for us to use if for within the past 24 months 0 within the past 24 months 0 w	Diace an X in this box.
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the beining program Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name Address Signature of Nursing Sup The written test is also a	02) 442-122 (Mandatov) an AZBN approved 120 ho as spo and have attached p Bri have attached a Nursing Program Name PRJ 8/2011 If facility is paying to pervisor valiable orally. If you of	Control Contro Control Control Control Control Control Co	A A R I COPA ne (602) 442- er@hdmaster fortration for us to use it tho restances of the second second restances of the second second second restances of the second second second restances of the second second second second restances of the second second second second second restances of the second sec	L234 Com Solution
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the beining program (C Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name Address Signature of Nursing Sup The written test is also a 6. I hereby declare that the al beining program. Will none responsible the any cancelle codt can it it have any cancelle test that it held plus FIVE DAYS	O 2) 4 4 2 - 1 2 2 (Mandatovy) (Mandatovy) (Mandatovy) in AZEN approved 120 ho ars ago and have attached ; DR I have attached ; Program Name P 8J (Y 0 1 1	A Control of the second s	MARICOPA ne (602) 442- er@hdmaster fortzation for us to use it too formed nursing assistant dut waiver Request form approve esticate) City HELENA ited by Nursing Supervisor Phone Date clude an audio reading fmy knowledge. I hereby au envices provided if i 6 not bi clude and will be billed for both cluster and will be billed for both De received 8 business day d per candidate.	
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the beining program Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name Address Signature of Nursing Sug The written test is also a 6. I hereby declare bat the al beining program. I will home responsible for any cancelle credit card [] failed my asy take test must needs on boot of the test that I tailed plus Baturdays, Sundays & Hol	102) 442-122 (Mandatory) (Mandatory) an AZBN approved 120 ho as ago and have attached ; Program Name PRJ 8/2011 If facellity is paying in pervisor valiable orally. If your box supplied information is y my test appointment and picotion into HEADMASTER to performation factors in the state of applicable. Under the tak tee (if applicable.) EMANASTER 50 MAL CHECKS ACCEPT 50 MAL CHECKS ACCEPT 50 MAL CHECKS ACCEPT	A Country Country	MARICOPA ne (602) 442- er @h.d.m.aster horuzation for us to use it foo within the past 24 months 0 rithmed nursing assistant dut Waiver Request form approve within the past 24 months 0 rithmed by Nursing Supervisor Phone Date Date Dude an audio reading rmy knowledge. I hereby au ervices provided if 1 do not sh candidate handbook. I also au tendidate handbook. I also au	I 2 3 4 I 2 3 4
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the beining program (Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name Address Signature of Nursing Sup The written test is also a telning program. Will non responsible for any cancelle credit card (1 thead my ap take test i must re-test on the of the test that I held plus <u>FIVE DAYS</u>	102) 442-122 (Mandatory) (Mandatory) an AZBN approved 120 ho as spo and have attached i Bri have attached i Program Name PRJ 8/2011 If facility is paying i Program Name VRJ 8/2011 If facility is paying i pervisor valiable orally. If your bove suppled information is in rescheduling, or disput iscalon into HEADMASTER. Is portion that I failed. I under the fax fac (I depictabile). El SORAL CHECKS ACCEPTI (diagys) or i understand and attacheduling. Information is Program Name Version and attached in the face of the source of	Country Country Country Country Contact Person Contact Contact	MARICOPA ne (602) 442- er@hdmaster forcration for us to use it the forcration for us to use it the forcration for us to use it the where Request form approve eriticate) City HELENA ited by Nursing Supervisor Phone Date Clude an audio reading rmy knowledge. I hereby au erices provided if I do not sh andidate handbook. I elso au the testing thet I must take bob di card will be billed for both be received it business day d per candidate.	2)p as 2 o 2 2)p as 2 o 2 1 as 2 continuation and results lotter R I have completed an AZBN approvides during every 24 month period sin d by the AZBN. place an X in this box. place an X in this box. thore release of my test results to roow up for my test appointment. I will horize a tax fee of \$5.00 charged to ro the written and skill test of for the point Reduit AM Male. ResPONSE with response to the testing day (excluding prior to the testing day (excluding testing)
Home Telephone (6 Birth Date (Month/Day/Y I have successfully completed beining program more than 2 ye completing the beining program (Program Code # 9 9 9 1 Date Completed 0 7 / 1 Facility Name Address Signature of Nursing Sup The written test is also at beining program. Will home responsible for any cancelle credit card [] faves and my app take test i must re-test on the of the test that i telled plus <u>FIVE DAYS</u> , ""NO PER Stundays, Sundays & Hol Candidate Signature Cand	O 2) 4 4 2 - 1 2 2 (Mandatory) (Mandatory) (Mandatory) an AZBN approved 120 ho ars ago and have attached p OR I have attached p Program Name PRJ (Program Nam Nam Nam Name Name Nam Name Name N	A COUNTY	MARICOPA ne (602) 442- er @hdmaster fortzation for us to use it foi fortzation for us to use it foi where Request form approve where Request form approve esticate) City HELENA ited by Nursing Supervisor Phone Date Clude an audio reading fmy knowledge. I hereby au envices provided if I do not br candidate handbook. I also au envices provided if I do not br candidate handbook. I also au to received 8 business day d per candidate. CATIONS WILL BE FETURE	L234 Jp 8 320 4 Jp 8 32

CERTIFICATE OF COMPLETION OF TRAINING

Effective January 1, 2012 – all training programs in Arizona must be printing this Certificate of Completion for candidates completing their programs.

SIGNATURE-LESS CERTIFICATES: It is optional to have the certificate signed – there is a VALIDATION CODE (bottom of the certificate) on the certificate that has been approved by AZBN in lieu of a signature. Please call Headmaster at 1-800-393-8664 if you have any questions.



ARIZONA BOARD OF NURSING APPLICATION

ARIZONA STATE BOARD OF NURSING Application for Cwrifield Naving Assistant (CNA) Certification by examination	
A* DESKINATIS A REQUIRED FIELD - PRINT CLEARLY IN ALL CARTAL LETTERS	*3. HOME ADDRESS
PLEASE DO NOT SUBMIT APPLICATION UNTIL YOU HAVE PASSED YOUR WRITTEN AND SKILLS STATE CNA EXAM FOR OFFICE USE ONLY	*Street Address Line 1
Did you enclose money with your application to purchase: An <u>optional</u> (550 fee) wallet size CNA certificate? Yes No EDU POE	Street Address Line 2
*An cotional (350 fee) to have your fingerprints	
(If you pay to have fingerprint card processed before testing, you must submit	*State/Province Zip Code
your application with the Imperprint card and Ice.)	*County (Example: Maricopa)
*1. DEMOGRAPHICS *Applicant's Legal First Name S A M P L E	*Country (Example: USA)
*Middle Name TEST	
*Applicant's Legal Last Name CANDIDATE	4. MAILING ADDRESS
*Former Last Names	Street Address Line 1 3 3 1 0 M C H 0 G H L A N E
*SSN 555-555 - 5555 *Date of Birth 01/01/1970	Street Address Line 2
*Birth City	
*Birth State/Province Birth Country (Example: USA)	
Gender Marital Status Ethnicity	*County (Example: Maricopa)
Female Never Married Divorced Black - Not of Hispanic Origin Hispanic	*Country (Example: USA)
Male Married Widowed White - Not of Hispanic Origin Multi Racial	
Separated Asian/Pacific Islander Other	"5. Are you or have you been a certified/licensed CNA in another state? If yes IN to If yes, list the state(s) and certificate number(s) from any other state(s) where you are certified.
American Indian/Alaskan	State Certificate Number Status: Active Expired
*2. CONTACT INFORMATION (Either a home or cell phone number is required)	
*Home Phone Number (602) 442 - 1224	
* Cell Phone Number (602) 442. 1234	
E-Mail Address hdmaster@hdmaster.com	*6. Did you receive a high school diploma(GED? Yes No
Please print e-mail address clearly. E-mail address is used for notification of renewal dates and pertinent Board related information. E-mail address is not shared weld or otherwise discoveringted by the drivers Board of Marsine E-mail address should be level on to date at uses arbs and recovering	
second and a construction of an experimental property of the second of t	
CNAEAA	
	C N A E B B
	C N A E B B
	C N A E B B
	C N A E B B
	C N A E B B
C N A E A A	C N A E B B CITIZENSHIP OR NATIONAL DECLARATION Are you a citizen or national of the United States? No Yes If yes, submit with your application a legible zeroxed copy of one of the documents from List A. See the instructions for List A.
C N A E A A *7. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program must submit documentation to the Board to verify completion *Program Code 49991	C N A E B B CITIZENSHIP OR NATIONAL DECLARATION Are you a citizen or national of the United States? No Yes If you have already submitted a proof of citizenship/sationality document after 1/1/08 you will not need to submit the document again. Type of document you are submitting
C N A E A A *7. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program mast submit documentation to the Board to verify completion *Program Code 49991 *Name PRACTICE TEST SITEST	C N A E B B THIZENSHIP OR NATIONAL DECLARATION Are you a citizen or national of the United States? No See the instructions for List A. See the instructions for List A. Type of document you are submitting Expiration Date, if any (mm/ddyyyy)//
C N A E A A *7. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program must submit documentation to the Board to verify completion *Program Code 49991 *Name PRACTICE TEST SITE *Address 3 3 1 0 M C H U G H L A M E	CINAEBB CINZENSHIP OR NATIONAL DECLARATION Are you a citizers or national of the United States? No Yes Hyse, stomik with your applications a legible screased copy of once the documents from Lint A. See the instructions for Lint A. Type of document you are submitting
C N A E A A *7. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program must submit documentation to the Board to verify completion *Name PRACTICETEST SITE *Name *Address 3310 MCHUGHLLAME *City HELENA *City HELENA	CINAEBB CITUEENSHIP OR NATIONAL DECLARATION Are you a citizer or national of the United States? Image: State of the State of the States? Image: State of the States of the States of the States of the States
C N A E A A *7. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program mast submit documentation to the Board to verify completion *Name PRACTICETEETEST STISTE *Address 3310 MCHUGHLLANE *Cuty HELENA *State/Province NT *Zip Code 59602	CNAEBB CHIPENEDFIGENATIONAL DECLARATION Are you a citizen or national of the United States ? 0 Yes Types, submits with your applications a leighte strewed expy of one of the document after 11/100 you will not need to submit the document again. Type of document you are submitting Types of document you are submitting
C N A E A A *7. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program must subssit documentation to the Board to verify completion *Name PRACTICE TEST SITE *Address 3310 MCHUGHLANE *City HELENA *State/Province MT *Zip Code 59602 *Date of Graduation (Mesh/Dey/Yee) 07 / 10 / 2011	CNAEBB CHINENEL OF ALL DECLARATION Margin a citizer or national of the United States?
*7. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program mast submit documentation to the Board to verify completion *Name P *Name P *Name P *Address 3 3 1 0 *City H *City H *State/Province M *State/Province M *State/Province M *Op / *State/Province M *Op 0 *State/Province M *Op 0 *Op 0 *State/Province 0 *Op 0 *State/Province 0 *Op 0 *State 0 *Op 0 *Date of Ciraduation (Methin Day / Yee) Provide a copy of the training program completion of a total of 120 hours of edinical and classroom instruction.	CNAEBB CTURENCHIP CRATCONAL DECLARATION May can activate on mational of the United States?
*1. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program must submit documentation to the Board to verify completion *Name PRACTICE *Name PRACTICE *Name PRACTICE *Name PRACTICE *Address 3 3 0 M C H U G H L A M E *City H E L E N A *State/Province MT *State/Province MT *State/Province 07 / 19 / 2011 *Date of Graduation 07 / 19 / 2011 Provide a copy of the training program certificate showing completion of a total of 120 hours of clinical and classroom instruction.	CINAEBB CINAEBB CINAEDDA
*1. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program must submit documentation to the Board to verify completion *Name PRACTICE *Name PRACTICE *Address 3 3 1 0 *City HELENA *City HELENA *State/Province MT *Zip Code 5 9 6 0 2 *Date of Graduation 07 / 19 / 20 11 Provide a copy of the training program certificate showing completion of a total of 120 hours of clinical and classroom instruction.	CNAEBB CDUENCED CONTINUENCE CONTINUENCE Margin and and and and and and and and and an
*1. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program mast subsit documentation to the Board to verify completion *Program Code *Name P *Name P *Address 3310 *City #E *City #E *City #E *City #E *City #E *City #E *City *City *City *Zip Code *State/Province Ø Ø *Out Dir *Out Dir *Dir Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø	CNAEBB CDENCEPPORT COMPARED COMPARED Marging Compared and C
*1. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program mast subsit documentation to the Board to verify completion *Program Code 499991 *Name PRACTICE *Address 3310 *City PRACTICE *City PRACTICE *City PRACTICE *City PRACTICE *City PRACTICE *State/Province PT *State/Province	CNAEBB CDENCENDENCENCENCENCENCENCENCENCENCENCENCENCENCE
*1. NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program mast submit documentation to the Board to verify completion *Name PRACTICPIPIC *Name PRACTICPIPIC *Address 3 3 1 0 M C H U G H L A N R *City H R L R NA *State/Province M You Code *State/Province M You Code </th <th>CNAEBB CDENCENCE COMPACE Marging and and and and and and and and and and</th>	CNAEBB CDENCENCE COMPACE Marging and
*NURSING ASSISTANT TRAINING PROGRAM ATTENDED Program must subsuit documentation to the Board to verify completion *Program Code 4 9 9 9 1 *Name P R A C T I C F I E B T I T R 1 *Address 3 3 1 0 M C H U G H L A M R 1 *City M R L R M A 1 1 *State/Province M Y Z/P Code 5 9 6 0 2 1 *State/Province 0 7 / 1 0 / 20 1 1 1 1 *State/Province M Y Z/P Code 5 9 6 0 2 1 *State/Province 0 7 / 1 0 / 20 1 1 1 1 *State/Province M Y Z/P Code 5 9 6 0 2 1 *State/Province 0 7 / 1 0 / 20 1 1 1 1 *State/Province 0 7 / 1 0 / 20 1 1 1 1 *State/Province 0 7 / 1 0 / 20 1 1 1 1 *State/Province 0 7 / 1 0 / 20 1 1 1 1 1 *State/Province *State/Province 1 1 1 *State/Province *State/Province *State/Province *State/Province *State/Province	CNAEBB COMMENDE
*NERSING ASSISTANT TRAINING FROGRAM ATTENDED Program must submit documentation to the Board to verify completion *Program Code 49991 *Name P R C T E T T # *Name P R C T E T T #	
*NERING ASSISTANT TRAINING PROGRAM ATTENDED Program mast subsiti documentation to the Board to verify completion *Name PRACTICE *Order State/Province *State/Province PC/ *State/Province O/ *State/Province O/ *Order State/Province *State/Province O/ *State/Province O/ *State/Province O/ *State/Province -	CNAEDS CDENCONCOLUCIONAL Marginaria Margina
*NERSING ASSISTANT TRAINING PROGRAM ATTENDED Program mast subsit documentation to the Board to verify completion *Program Code 49991 *Name PRACTICE *Address 3310 NCHEVER *Chy HELEVAL HELEVAL	
*NURSING ASSISTANT TRAINING PROGRAM ATTENDE Mogram mast submit documentation to the Board to verify completion *Program Cod 4 9 9 9 1 *Name P R A C T I C R T R S T Ø I T R 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<section-header></section-header>
* NURSING ASSISTANT TRAINING PROGRAM ATTENDE Yourgam mast submit documentation to the Board to verify completion *Yourgam Code 4 9 9 9 1 *Name P R A C I C R T R S T I I T R *Address 3 3 1 0 M C H V G R I L A M R *City H R L R M A *City H R L C I C R S J S 0 S 0 S *State Province M Y 2 P Code *State Province *State P C Code *State Province *State P C Code *State P C Code M Y 2 P Code *State Province *State P C Code *State P C Code M Y 2 P Code *State P C Code	<section-header></section-header>
	<section-header></section-header>
	<section-header></section-header>
	<section-header></section-header>

CITZ

CNAECC



- · He/She will conform to ethical standards of conduct in the profession of nursing and obey the laws and rales of the Arizona Board of Nursing;
- Ho/She has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate;
 Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal
- pros

* REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP/LAWFUL PRESENCE STATUS DOCUMENTATION ON 8 1/2 BY 11 PAPER WITH THE APPLICATION

Applicant's Signature

PLEASE NOTE: It may take 1-2 months to process your application. If your application is not completely filled out if the fee is in it will be returned to you and further delay the process. You may check to see if your certification has been issued by visiting our w and using our online verification system to verify your certification. Our website is www.azbn.gov. our website

Please staple all pages of the application together with docu cumentation of citizenship/lawful presence and ARIZONA STATE BOARD OF NURSING and mail to:

Date

CNAEDD

4747 N. 7TH STREET, SUITE 200 PHOENIX, AZ 85014-3655