



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609  
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www.hdmaster.com

Innovative, quality technology solutions  
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Form 1101AZ Updated 8-3-2011

# ARIZONA NURSING ASSISTANT (NA) EXAMINATION APPLICATION (FORM 1101)

INSTRUCTIONS: (Also see [www.hdmaster.com](http://www.hdmaster.com))

1. **DO NOT** mail this NA Examination Application to the Arizona State Board of Nursing (AZBN).
2. Complete this NA Examination Application. Completed paper applications must be received at HEADMASTER 8 business days prior to the testing day excluding Saturdays, Sundays & Holidays or express charges will occur.
3. Send this completed application with payment to P.O. Box 6609-Helena, MT 59604-6609.
4. You must include proof of completion of an Arizona State Board of Nursing (AZBN) 120 hour approved NA training program and proof of employment as a NA if your NA training was completed more than 2 years ago OR include a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN. (Available from the Arizona Board of Nursing or at [www.hdmaster.com](http://www.hdmaster.com).)

**NOTE: Facilities MAKE ALL CHECKS PAYABLE TO HEADMASTER. \*\*\*\*CANDIDATE PERSONAL CHECKS ARE NOT ACCEPTED\*\*\*\***

Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion.)

- This application is filled out completely and signed where required.
- Exam payment is included with the testing application.
- I have attached proof of my 120 hours of NA training to this application OR included a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN.

CANDIDATE INFORMATION: (Form 1101) Print clearly (Use Ink) or Type (High volume users on-line registration is available at [www.hdmaster.com](http://www.hdmaster.com))

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Mandatory: Your Social Security number will only be shared with the Arizona State Board of Nursing)

Applicant's Name \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
(P.O. Box # -or- Street number and name, including Apartment # - if applicable)

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

Home Telephone \_\_\_\_\_ Message/Work Phone \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(Mandatory) Providing your email address is your authorization for us to use it for test confirmation and results letters.

I have successfully completed an AZBN approved 120 hour Nursing Assistant Training Program within the past 24 months OR I have completed an AZBN approved training program more than 2 years ago and have attached proof of employment to show that I have performed nursing assistant duties during every 24 month period since completing the training program OR I have attached a Nursing Student/Military/Foreign Nursing Graduate Waiver Request form approved by the AZBN.

Program Code # \_\_\_\_\_ Program Name \_\_\_\_\_ (On Certificate) City \_\_\_\_\_

Date Completed \_\_\_\_\_ Contact Person \_\_\_\_\_

*If facility is paying for your test, this section must be completed by Nursing Supervisor*

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

Signature of Nursing Supervisor \_\_\_\_\_ Date \_\_\_\_\_

The written test is also available orally. If you desire your written test to also include an audio reading place an X in this box.

5. I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby 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. I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application into HEADMASTER. I also understand that if this is my first time testing that I must take both the written and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the written and skill test or for the portion of the test that I failed plus the fax fee (if applicable). **PLEASE CALL 800-393-8664 IF YOU DO NOT RECEIVE AN E-MAIL OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. \*\*\*\*NO PERSONAL CHECKS ACCEPTED\*\*\*\*** Complete paper applications must be received 8 business days prior to the testing day (excluding Saturdays, Sundays & Holidays) or I understand and agree that express charges will be applied per candidate.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

**Candidate MUST sign to verify acceptance (UNSIGNED APPLICATIONS WILL BE RETURNED)**