

D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE: 877-851-2355 OR 877-201-0758 FAX: 419-422-8328 WEB: www.hdmaster.com

PROVIDING NURSE AIDE TESTING THROUGHOUT THE UNITED STATES!!!

Spring 2010 Workshops

INSTRUCTOR WORKSHOP FOR NURSE AIDE INSTRUCTORS

Dear Training Facilities,

Below is a list of upcoming CNA instructor and CNA test evaluator workshops which will be provided by D&S Diversified Technologies this year. The **CNA Instructor workshops** are for training program instructors and program coordinators. These workshops are designed to help facilities better understand the testing process for their candidates. **Please send this back to D&S two weeks prior to the workshop date** so we can make every attempt to accommodate those interested in attending the workshop. We can only accept two participants per facility. Please select your 1st and 2nd choice of the workshop location that you would like to attend and mail or fax this form to D&S Diversified Technologies. We do have limited space so you will receive a confirmation letter, fax or call once you are scheduled for a workshop. If you do not hear from us please do not hesitate to call us toll free at 1-877-201-0758 or 1-877-851-2355. Thank you in advance for mailing by the required date. Please feel free to call to confirm your registration.

INSTRUCTOR WORKSHOPS (NO CHARGE)

LOCATION	DATE AND TIME	CHOICE 1 ST OR 2 ND
Del-Tech Terry Campus 100 Campus Dr TCCP Building 400- Nursing Lab Dover DE 19904	Thursday, May 6 9:00 am – 3:00 pm	

NAME: _____ PHONE: _____

FACILITY: _____ FAX NUMBER: _____

ADDRESS: _____ CITY: _____, ZIP: _____

NEW TEST OBSERVER WORKSHOPS

Dear Interested Registered Nurse,

The test observer workshops are for those interested in administering the testing for the State of Delaware. To qualify to be an evaluator, **you must be an RN in good standing with the State of DE and have one year long term experience working in a long term care facility as an RN.** **You are required to pay a \$50 certification fee to attend the test evaluator workshop.** If you are interested in becoming a test evaluator, please complete the evaluator portion of this form and mail or fax it back to D&S Diversified Technologies. You will also need to send the completed test observer agreement (form 1500 DE) enclosed and an we will also need an updated resume (outlining your PAID one year long term care experience in a *nursing home setting* as an RN) and copy of your nursing license. **Please send this back to D&S two weeks prior to the workshop date** so we can make every attempt to accommodate those interested in attending the workshop. Please feel free to call to confirm your registration.

OBSERVER WORKSHOP (\$50 CERTIFICATION FEE)

LOCATION	DATE & TIME	CHOICE 1 ST OR 2 ND
Del-Tech Terry Campus 100 Campus Dr TCCP Building 400- Nursing Lab Dover DE 19904	Tuesday, May 4 9:00 am – 3:00 pm	

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____, ZIP: _____

FACILITY: _____ FAX: _____

For questions please call 1-877-851-2355 or 1-877-201-0758 (fax- 1-419-422-8367 or 1-419-422-8328)

Thank you,
Jessica LaBean
Delaware/Vermont Program Manager

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Form 1500DE

**** If you are interested in becoming a CNA test evaluator, please complete this form and return it to D&S along with a copy of your current RN license and an update resume outlining your long-term care experience****

ATTENTION: IF YOU ATTEND THIS WORKSHOP TO BECOME A TEST OBSERVER FOR D&S DIVERSIFIED TECHNOLOGIES.

YOU WILL BE CONSIDERED AN INDEPENDENT CONTRACTOR WHICH MEANS YOU WILL BE RESPONSIBLE FOR YOUR OWN TAXES!!!!

Personal Information: (Please type or print)

Social Security #: _____

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

Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

Date of Birth: _____ 19____ Sex: Male Female
(Month) (Day) (Year) (Please circle one)

Phone: (____) _____
Home Work Cell

Nurse Affidavit:

I am a registered nurse: Registry # _____ with at least one year's experience in providing long term care.

Work Experience Verification of one year long term care experience as an RN:

_____ of _____, phone # _____
Supervisor Facility City

Testing Site:

I will be administering D&S DIVERSIFIED TECHNOLOGIES Nurse Aide Written/Oral and/or Skill tests at a DHSS or VBON approved facility or lab based setting that meets State of Delaware Health and Social Services or Vermont Board of Nursing and D&S Diversified Technologies requirements. In addition, I will be sure that all necessary materials and equipment are available for the consistent administering of the D&S DIVERSIFIED TECHNOLOGIES Nurse Aide Written/Oral and/or Skill tests as listed on form 1503 DE/1503 VT. I will not administer tests to my own students, family and friends or to candidates trained within a corporate entity or organization that employ me, Also I understand that if I use a person as an actor or WTP that they will not be eligible to test for 6 months.

Verification:

I hereby verify that the above information is true and correct: _____ / ____ / ____
(Applicant Signature) (Date)

Reference:

I certify that the applicant is known to me and the information listed above is true and correct.

(Reference Signature) Address

Reference's Title: _____ Phone #: _____