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INSTRUCTOR'S AFFIDAVIT

This form verifies that the candidate listed below has completed a State of North Dakota Approved CNA Training Course. Please verify the number of hours of training and sign with your signature.

Name of Nurse Aide Candidate _____

I hereby certify that the above named Nurse Aide candidate has successfully completed (or will successfully complete) _____ Hours of formal training approved by the North Dakota Dept of Health as per regulations described in 483.151 & 483.152 of the Federal Register Vol. 56 No. 187

Instructor Name _____

Position/Title _____

Address _____

City _____ State _____ Zip _____

Work Telephone: (_____) _____ - _____ Home Telephone (_____) _____ - _____

Instructor's Signature _____ Date ____/____/____