

PROCTOR/TA APPLICATION

This application must be accompanied by form 1501ND

I AM APPLYING TO BECOME A **PROCTOR** **TA** **BOTH**

PERSONAL INFORMATION (PLEASE PRINT)

Social Security Number _____ - _____ - _____ Email _____
Last Name _____ First Name _____ Middle _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Date of Birth ____/____/____

NURSE AFFIDAVIT

I am a registered nurse: Registry # _____ with at least one year's experience in providing long term care for the elderly or the chronically ill of any age. Nursing facility or Swing bed setting acceptable.
Supervisor _____ Facility _____
Phone Number (____) _____ - _____ will verify my one-year work experience.

TESTING SITE INFORMATION

TA:
I will be administering HEADMASTER Nurse Aide Written/Oral and/or Skills tests at the below listed a HEADMASTER approved facility or lab based setting that meets State of North Dakota Department of Health requirements. In addition, I will be sure that all necessary materials and equipment are available for the consistent administering of the HEADMASTER Nurse Aide Written/Oral and/or Skills tests as listed on form 1503ND. I will report as an irregularity any missing or substandard equipment.

PROCTOR:
I will administer tests as a regular part of my duties with no compensation from HEADMASTER. I am working as a Proctor for the facility listed below. Nurse Aide Candidates tested and/or any volunteer test subjects used will be employees and/or residents of our facility and therefore covered by our facility liability policy. I hereby verify that I understand and agree with the statements contained herein and all supplied information is true and correct.

Facility _____ City _____ State _____ Zip _____
Administrator's name _____ DON's name _____
Phone number (____) _____ - _____ Fax number(____) _____ - _____ email _____

APPLICANT AND FACILITY VERIFICATION

The signatures below certify and verify that the applicant is known to the approved testing facility and the information listed above for both facility and applicant is true and correct.

Administrator's Signature _____ Date ____/____/____
Applicant's signature _____ Date ____/____/____