

D&S DIVERSIFIED TECHNOLOGIES

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PROVIDING STNA TESTING SOLUTIONS THROUGHOUT the United States

D&S Diversified Technologies TESTING AND REGISTRY APPLICATION Verification Form

A completed Form 1402 OH and Form 1101 OH MUST accompany this form

Please type or print.

Certificate of Verification of Nursing Student Training

I verify that _____
is currently enrolled in a pre-licensure program of nursing education approved by the Ohio Board of Nursing,
or by an agency of another state that regulates nursing education, and that this individual has successfully
COMPLETED the courses that teach basic nursing skills including infection control, safety, emergency
procedures, and personal care.

School of Nursing name: _____

Address: _____

Phone: ____/____/____ Fax: ____/____/____ Date: ____/____/____
(MUST BE SIGNED WITHIN LAST 30 DAYS)

Authorized Signature: _____ Print Name: _____

Title: _____

*******COPY OF TRANSCRIPT MUST BE ATTACHED*******

Certificate of Verification of Hospital Nurse Aide / Orderly Employment

I verify that _____
has the equivalent of twelve months or more full-time employment in the preceding five years as a hospital
nurse aide or orderly.

This individual was employed as a full-time nurse aide/orderly from

_____ through _____

Hospital Name: _____

Address of Hospital: _____

Phone: ____-____-____ Date: ____/____/____

Verifiers Signature: _____ Printed Name: _____

Title: _____

*******MUST ATTACHED WORK VERIFICATION LETTER FROM EMPLOYER ON COMPANY
LETTERHEAD, IF NOT ATTACHED APPLICATION WILL BE RETURNED******