



# D&S Diversified Technologies LLP

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## **PROVIDING STNA TESTING SOLUTIONS THROUGHOUT OHIO**

You are required to submit documentation from the *Health Care Provider* or *Learning Specialist* who rendered a diagnosis. Verification must be submitted to D&S DT on the letterhead stationery of the *Health Care Provider* or *Learning Specialist* and **MUST** include the following:

- (1) **Specific description of the disability and limitations related to testing.**
- (2) **Specific recommended accommodation.**
- (3) **Name, title and telephone number of the *Health Care Provider* or *Learning Specialist*.**
- (4) **Original signature of the *Health Care Provider* or *Learning Specialist*.**

**OR**, if you were granted testing accommodations for testing during your Nursing Assistant Training Program, you must complete this form with your Primary Instructor verifying these accommodations. The Primary Instructor **must** sign this form verifying any provided training accommodations. Your signature below indicates that you understand this application and the documentation you included and give permission to D&S Diversified Technologies, their Test Observers, Written Test Proctors, and Actors, and appropriate Ohio State Agencies to be informed of accommodations requested. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above. Your signature below indicates that you understand this and you give permission to D&S Diversified Technologies to share this information as described.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that I was the above candidate's Primary Instructor, and that I provided the accommodations detailed herein during said candidate's Nursing Assistant Training Program.

**Primary Instructor Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: IN ORDER TO MAKE THE NECESSARY ARRANGEMENTS TO ACCOMMODATE YOUR NEEDS, ALL REQUESTS AND SUPPORTING DOCUMENTATION MUST BE SENT TO D&S DT WITH YOUR APPLICATION. D&S DT MUST APPROVE and arrange for ALL ACCOMMODATIONS PRIOR TO YOUR TEST DATE.**

D&S DT will consider all requests on a case-by-case basis. It will be necessary for testing staff to speak and correspond with you regarding specific arrangements. Therefore, it is **IMPORTANT** that you provide a current address and daytime telephone number and keep the D&S DT informed if these change. You will receive written confirmation of any approved or denied accommodations. You **MUST** notify the testing staff if you are unable to take the examination on the date for which you are scheduled.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>OFFICIAL USE ONLY: SITE #</b> _____ <b>PACKET#</b> _____ <b>TEST DATE</b> _____ <b>SCHEDULER:</b> _____
<b>TEST EVALUATOR</b> _____ <b>DATE ACCOMMODATION Granted:</b> _____
<b>OTHER:</b> _____ <b>DATE ACCOMMODATION Denied:</b> _____