

D&S DIVERSIFIED TECHNOLOGIES LLP dba HEADMASTER LLP
PO BOX 6609 HELENA MT 59604
TELEPHONE: 800-393-8664 FAX: 406-442-3357
EMAIL: hdmaster@hdmaster.com
WEB SITE: www.hdmaster.com

NURSING ASSISTANT APPLICATION FOR CERTIFICATION BY EXAMINATION

A completed Form 1402 OK MUST accompany this form.

CANDIDATE INFORMATION (PLEASE PRINT)

Social Security Number _____ - _____ - _____ Email Address _____

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Date of Birth ____/____/____

Gender Male Female Education Level 9 10 11 HS BA

Race Asian Black Hispanic Native American Caucasian Other _____

PLEASE CHECK THE TEST (S) YOU ARE REQUESTING

Written Test Skills Test Both Written and Skill Tests

ADA (for ADA complete form 1404OK and attach to this application)

ORAL-written. The ORAL option includes a cassette tape on which 86% of the questions are read out loud and 14% will be used to evaluate your reading comprehension.

Employed At Facility Name _____ since ____/____/____

Address _____ City _____ State _____ and Zip _____

TRAINING INFORMATION

I have successfully completed an Oklahoma Department of Health approved Training Program within the last twenty-four months. Attach copy of your training certificate

I am enrolled in an approved pre-licensure program of nursing education (RN or LPN) or I am a graduate of a foreign nursing education program. Enclosed is my approval letter from the Oklahoma State Department of Health approving me to take the Oklahoma nurse aide test. Contact OSDH at 800-695-2157 for more information.

My Oklahoma NA certification expired within the past thirty-six months and I have enclosed my approval letter from the Oklahoma State Department of Health approving me to take the Oklahoma nurse aide test. Contact OSDH at 800-695-2157 for more information.

CANDIDATE MUST SIGN AND DATE

I hereby declare that the above supplied information is complete and accurate to the best of my knowledge and understand by signing this application I will be scheduled for a test and responsible for all testing fees if I do not have an offer of employment. I will notify D&S DT immediately when any of the above supplied information changes.

Candidate Signature _____ Date ____/____/____