D&S Diversified Technologies LLP
Headmaster LLP

HEADMASTER LLP
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OREGON TEST OBSERVER APPLICATION FORM 1500OR

(PLEASE TYPE OR PRINT AND ATTACH AN UPDATED RESUME AND A COPY OF YOUR RN NURSING LICENSE)

Personal Information: (Please type or print)

Social Security #_____-_____-_____

Name:_____ _____ _____
(Last) (First) (Middle Initial)

Address:_____ | _____
(Street Address including Apartment #) (E-Mail Address)

_____ _____ _____
(City) (State) (Zip Code)

Date of Birth:_____/_____/_____ **Sex:** Male Female
(Month) (Day) (Year) (Please circle one)

Nurse Affidavit:

I am a registered nurse with an unencumbered OREGON nursing license: **Registry #** _____ and I have at least two year's experience in providing long term care for the elderly or the chronically ill of any age:

Work Experience Verification:_____ **Phone:**_____
(Supervisor)

Facility Name:_____**Address:**_____ will verify my two year's work experience in a long term care facility.

Work Expectations:

I will administer HEADMASTER nursing assistant written/oral and/or skill tests at a HEADMASTER approved testing sites that meet Oregon State Board of Nursing and HEADMASTER requirements. In addition, I will insure that all necessary materials and equipment are available for the consistent administration of the HEADMASTER nursing assistant written/oral and/or skill tests as listed on form 1503OR. I will not administer tests to nursing assistant candidates with whom I have a prior personal or business association or to my own students, family or close personal friends. I also understand that any person I use as an actor or WTP will not be eligible to take the test to become a nursing assistant in Oregon for twelve months from the last date they worked as an actor or written test proctor.

Verification:

I hereby verify that the above information is true and correct and I understand and will abide by all terms and conditions agreed to:

_____ ____/_____/_____
(Applicant Signature) (Date)

Reference:

I certify that the applicant is known to me and the information listed above is true and correct to the best of my knowledge.

_____ / _____
(Reference Signature) (Address)

Reference's Title: _____ Phone #:_____

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HEADMASTER use ONLY: Observer ID # assigned: _____ on _____by_____
(HEADMASTER official)

NURSING LICENSE VERIFICATION: DATE_____ **EXPIRATION DATE** _____ **OTHER**_____

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OSBN use ONLY: **Approved by** _____ **on** _____/_____/_____