

# D & S Diversified Technologies

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PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

## Training Affidavit:

I hereby swear that I, as a certified CNA Observer testing Nurse Aide Candidates in the State of TENNESSEE, have reviewed the Actor training material with the Actor named herein and/or the Written Test Proctor training material with the Written Test Proctor named herein:

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Observer SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

I hereby swear that I, as a CNA Skill Test Actor or Written Test Proctor, have reviewed the Actor training material and/or the Written Test Proctor training material with the Observer named above, and I understand and will abide by the material presented. I also understand that if I am currently or become a nurse aide student that I will not be eligible to test for a period of six months:

Actor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Actor SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Written Test Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Written Test Proctor SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

(Sign both places if you are certifying as an Actor **and** a Written Test Proctor.)