

# D&S DIVERSIFIED TECHNOLOGIES

PO BOX #418, FINDLAY, OH 45839-0418

TOLL FREE: 877-851-2355 OR 877-201-0758 FAX: 419-422-8328 WEB: [www.hdmaster.com](http://www.hdmaster.com)  
PROVIDING NURSE AIDE TESTING THROUGHOUT THE UNITED STATES!!!

## Spring 2012 Workshops

### WEB INTERFACE INSTRUCTOR WORKSHOP

Dear Training Facilities,

Below is a list of upcoming LNA WEB INTERFACE instructor workshops which will be provided by D&S Diversified Technologies this year. The ***LNA Instructor workshops*** are for training program instructors and program coordinators. These workshops are designed to help facilities better understand the testing process for their candidates. **Please send this back to D&S two weeks prior to the workshop date** so we can make every attempt to accommodate those interested in attending the workshop. We can only accept two participants per facility.

Please select your 1<sup>st</sup> and 2<sup>nd</sup> choice of the workshop location that you would like to attend and mail or fax this form to D&S Diversified Technologies. We do have limited space so you will receive a confirmation letter, fax or call once you are scheduled for a workshop. If you do not hear from us please do not hesitate to call us toll free at 1-877-201-0758 or 1-877-851-2355.

Thank you in advance for mailing by the required date.

Please feel free to call to confirm your registration.

**PLEASE NOTE: THIS WORKSHOP IS FOR INSTRUCTORS TO LEARN HOW TO COMPLETE THE ONLINE TESTING APPLICATION AND TEST REGISTRATION FOR THE LNA EXAM.**

**IF YOUR FACILITY IS WEB TESTING CAPABLE YOU WILL BE ABLE TO SCHEDULE YOUR LNA EXAM WITHIN 5 BUSINESSES DAYS INSTEAD OF 10 BUSINESS DAYS!!!**

**IF YOU DO NOT HAVE THE CAPABILITIES FOR WEB TESTING AT YOUR FACILITY YOU WILL STILL BE REQUIRED TO HAVE INFORMATION ENTERED INTO THE DATABASE WITHIN 10 BUSINESS DAYS!!!!**

(NO CHARGE)		
LOCATION	DATE AND TIME	CHOICE 1 <sup>ST</sup> OR 2 <sup>ND</sup>
BARRE TECH CENTER 155 AYERS STREET BARRE VT 05641	FRIDAY, MAY 11 <sup>TH</sup> 3:30 PM- 5:30 PM	

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

EMAIL: \_\_\_\_\_

FACILITY: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_, ZIP: \_\_\_\_\_