



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

Innovative, quality technology solutions
throughout the United States since 1985.

NEVADA NURSING ASSISTANT

NEVADA TEST OBSERVER-INDEPENDENT CONTRACTOR APPLICATION FORM 1500NV

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

Personal Information:

Social Security #

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

Address: (Street) (Apt. #) (E-Mail)

(City) (State) (Zip Code)

Date of Birth: (Month) / (Day) / (Year) Sex: Male Female Email: (Please check one)

Phone: ( ) (Home) ( ) (Cell) ( ) (Work)

Nurse Affidavit:

I am a registered nurse: Registry # with at least one year experience in providing care for the elderly or chronically ill of any age.

Work Experience Verification:

(Supervisor) of (Facility) Phone # will verify my one year's work experience.

Testing Site:

I will be administering HEADMASTER/D&S DT Nurse Aide Knowledge/Oral and/or Skill tests at a Nevada State Board of Nursing (NSBN) approved facility or lab based setting that meets NEVADA STATE BOARD OF NURSING and HEADMASTER/D&S DT requirements. In addition, I will be sure that all necessary materials and equipment are available for the consistent administering of the HEADMASTER/D&S DT Nurse Aide Knowledge/Oral and/or Skill tests as listed on form 1503NV. I will not administer tests to students I have trained, a family member or personal friend. Also, I understand that persons I use as actors or KTPs will not be eligible to sit for the Nursing Assistant test for 6 months from the date they last helped during a Nursing Assistant test event.

Verification:

I hereby verify that the above information is true and correct: (Applicant Signature) / (Date)

Reference:

I certify that the applicant is known to me and the information listed above is true and correct. (Reference Signature) / (Address – City, State, ZIP)

Reference's Title: Phone #:

To become an Independently Contracted Nursing Assistant Test Observer in Nevada an RN must meet the guidelines approved by NSBN. This includes successfully completing specified training and meeting all other Test Observer certification requirements. Initial certification training is \$100 and is non-refundable. Upon successful completion of his/her first test event the RN will receive a \$75 bonus for completing the final step of the certification process, which is successfully managing their first complete test event. RN Observers must manage at least three test events per year to remain active. Test Observers must recertify yearly using an NSBN approved recertification process.

Check method of payment: [ ] CHECK [ ] CASHIER'S CHECK [ ] MONEY ORDER [ ] VISA [ ] MASTER CARD
Card #: Expiration Date: Authorized Signature:
Print name as it appears on your credit card: Zip Code:

HEADMASTER/D&S DT use ONLY: Observer ID # assigned: on by
Nursing License Verification: Date: License Expiration Date Other: