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Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES, LLP - HEADMASTER, LLP

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

Ohio Temporary Nurse Aide (TNA) Request to take STNA Exam

Form 1101TNA-OH

INSTRUCTIONS:

Please complete this form and attach the required documentation listed below. Upon approval to test, you will receive an email and an account will be created for you in <https://oh.tmuniverse.com> to pay and schedule your STNA exam.

Your request to take the Ohio STNA exam cannot be processed if this form is incomplete or if the attachments are illegible or includes false statements.

If you have any questions, please contact D&SDT at (877)851-2355.

APPLICATIONS WITH INCOMPLETE INFORMATION, MISSING OR INELIGIBLE REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED.

Check box if you are sponsored: Name of sponsoring facility: _____

CANDIDATE INFORMATION:

Applicant's Name: _____ | _____ Birth Date (Month/Day/Year): _____
Last Name First Name

Cell Phone #: _____ E-Mail Address: _____
(Providing your email address is your authorization for us to use it for test confirmation and results.)

Are you a veteran, active duty or spouse of a veteran? YES NO | Select which one applies: ACTIVE DUTY VETERAN SPOUSE

- Social Security Card attached.
- Copy of your US government issued, signed, non-expired photo identification (driver's license, passport or state issued identification).
- Copy of the letter attached from your skilled nursing facility employer on company letterhead affirming that you have worked as a temporary nurse aide and received training equaling the training provided in 42 CFR 483.152(b) during the Public Health Emergency.

By checking the box below:

- You are attesting that you are a temporary nurse aide in Ohio and have worked a minimum of 75 hours in a long-term care facility and received the training equivalent to that which would be provided in a licensed Ohio Nurse Aide Training and Competency Evaluation Program (NATCEP).
- You understand that the notification of approval to test will be emailed to the email address provided on this form.
- Temporary nurse aides who meet the waiver requirements, as noted above, will have three attempts to pass the knowledge exam and three attempts to pass the skills exam. If after three attempts the candidate is unsuccessful, or four months has passed since the waiver has ended, the temporary nurse aide will be required to complete a full Ohio NATCEP of no less than 75 hours to be eligible to take the Ohio STNA exam again.

I agree to this attestation.

A copy of your Social Security Card, your US government issued, signed, non-expired photo identification and your letter from your skilled nursing facility on company letterhead affirming that you have worked as a temporary nurse aide and received training equaling the training provided in 42 CFR 483.152(b) during the Public Health Emergency

MUST BE ATTACHED

The knowledge test is also available orally. If you desire your knowledge test to also include an audio reading place an X in this box.
(With the ORAL version, only the first 59 questions will be read orally. The remaining twenty questions will have to be answered without oral assistance to assess English reading comprehension.)

ADA ACCOMMODATIONS: If you need special accommodations under the Americans with Disabilities Act, please see form 1404OH on the Ohio STNA webpage at www.hdmaster.com.

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any rescheduling, refund fees or review fees incurred as described in the Ohio STNA candidate handbook. **Please refer to the Ohio STNA candidate handbook on the Ohio STNA webpage at www.hdmaster.com for testing policies and updates.**

Candidate Signature: _____ Date: _____