



**D&S Diversified Technologies LLP**

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## **OHIO STNA – D&S DIVERSIFIED TECHNOLOGIES (D&SDT) - HEADMASTER ACTOR / KNOWLEDGE TEST PROCTOR TRAINING AFFIDAVIT – FORM 1511OH**

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

RN Test Observer Name: \_\_\_\_\_ Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
*(please print clearly)*

RN Test Observer SS#: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Email: \_\_\_\_\_

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

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I hereby swear that I, as a STNA Skill Test Actor or Knowledge Test Proctor, have reviewed the Actor training material and/or the Knowledge Test Proctor training material with the RN Test Observer named above, and I understand and will abide by the material presented:

Actor Name: \_\_\_\_\_ Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
*(please print clearly)*

Actor SS#: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Email: \_\_\_\_\_

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

Knowledge Test Proctor Name: \_\_\_\_\_ Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
*(please print clearly)*

Knowledge Test Proctor SS#: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Email: \_\_\_\_\_

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

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

**I UNDERSTAND THAT AS AN ACTOR OR KNOWLEDGE TEST PROCTOR, THAT I WILL NOT BE ABLE TO TAKE THE OHIO STNA TEST FOR SIX (6) MONTHS FROM THE DATE THAT I LAST WORKED AS AN ACTOR OR KNOWLEDGE TEST PROCTOR.**

\_\_\_\_\_  
**ACTOR SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
**KNOWLEDGE TEST PROCTOR SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
**RN TEST OBSERVER SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_