



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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*Innovative, quality technology solutions  
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## OREGON – FORM 1511OR

### ACTOR / WRITTEN TEST PROCTOR TRAINING AFFIDAVIT

Must be accompanied by HEADMASTER CONFIDENTIALITY/NONDISCLOSURE AGREEMENT form 1501OR

I hereby swear as a certified RN test observer testing nursing assistant candidates in the State of Oregon that I have reviewed the OSBN approved actor training material with the actor named herein and/or the OSBN approved written test proctor training material with the written test proctor named herein:

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

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

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

I hereby swear as a skill test actor and/or written test proctor, helping to test nursing assistant candidates in Oregon that have reviewed the actor training material and/or the written test proctor training material with the RN observer named above. I understand and will abide by the material presented and all directions given by the RN test observer. I also understand, if I am preparing to become a certified nursing assistant in Oregon, I will not be eligible to test for a period of twelve months from the last date I served as an actor or written test proctor:

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

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

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

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

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

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

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