D&S Diversified Technologies LLP
Headmaster LLP

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**WISCONSIN NURSE AIDE**

# WISCONSIN RN TEST OBSERVER INDEPENDENT CONTRACTOR APPLICATION - FORM 1500WI

**(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:**____/____/_____ **Sex:** Male ☐ Female ☐
(Month) (Day) (Year) (Please check one)

**Phone: (** **)**_____ **(** **)**_____ **(** **)**_____
(Home) (Work) (Cell)

**Nurse Affidavit:**

I am a registered nurse: **License #** _____ with at least one year of long term care experience or providing care for the elderly or chronically ill of any age.

**Work Experience Verification:**

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

**Testing Site:**

I will be administering D&SDT-HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests at a Wisconsin DHS (WDHS) approved facility and/or lab based setting that meets WISCONSIN DHS (WDHS) and D&SDT-HEADMASTER requirements. I will ensure that all necessary materials and equipment are available for the consistent administering of the D&SDT-HEADMASTER Nurse Aide Knowledge/Oral and/or Skill tests as listed on form 1503WI. 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 Knowledge Test Proctors (KTPs) will not be eligible to sit for the WI Nurse Aide test for 6 months from the date they last helped during a Nurse Aide 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 Wisconsin, an RN must meet the guidelines set forth by D&SDT-HEADMASTER and WDHS. This includes successfully completing D&SDT-HEADMASTER 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 his/her first complete test event. RN Observers must manage at least three test events per year to remain active. Test Observers must recertify yearly using a D&SDT-HEADMASTER 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:**_____

**D&SDT-HEADMASTER use ONLY:** **Observer** ID # assigned: _____ on _____ **by**_____

**Nursing License Verification: Date:** _____ **License Expiration Date** _____Other:_____