D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-851-2355 – LOCAL 419-420-1605 – FAX 419-422-8328 – www.hdmaster.com *PROVIDING STNA TESTING SOLUTIONS THROUGHOUT the United States- JUNE 2008*

D&S Diversified Technologies TESTING AND REGISTRY APPLICATION Verification Form

A completed Form 1402 OH and Form 1101 OH MUST accompany this form Please type or print. UPDATED- 6/2008 Certificate of Verification of Nursing Student Training

I verify that		
		ducation approved by the Ohio Board of Nursing cation, and that this individual has successfully
<u>COMPLETED</u> the courses that teach basic nursing skills including infection control, safety, emergency procedures, and personal care. This student is currently enrolled in the nursing program and <u>is scheduled is return to active class enrollment</u> if on a school break.		
		rolled in the nursing program and <u>is scheduled to</u>
return to active class enrol	<u>iment</u> il oli a school bleak.	
School of Nursing name:		
Address:		
	·	
Phone:///	Fax:////	Date:// (MUST BE SIGNED WITHIN LAST 30 DAYS)
		(MUST BE SIGNED WITHIN LAST 30 DAYS)
Authorized Signature:	Print	Name:
Title:	Phone:	Ext:
******************************	PY OF TRANSCRIPT MUST	BE ATTACHED************************************
Certificate of Ve	erification of Hospital Nurse	Aide / Orderly Employment
I verify that		
has the equivalent of twelve n	nonths or more full-time employm	nent in the <mark>preceding five years</mark> as a hospital
nurse aide or orderly.		
This individual was employed	as a full-time nurse aide/orderly f	from
	through	
Hospital Name:		
Address of Hospital:		
City/Zin:		
City/2ip		
Phone:		Date://
Verifiers Signature:	Printed Name	
Title	Fox #	
Title:	гах #	
******MUST ATTACHED W	VORK VERIFICATION LETTE	ER FROM EMPLOYER ON COMPANY
		HE 1600 HOURS IN THE PRECEDING
5 YEARS AND JOB DESCRI	PTION, <i>IF NOT ATTACHED</i>	APPLICATION WILL BE RETURNED****