



D&S Diversified Technologies LLP

Headmaster LLP

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## NORTH DAKOTA

### ACTOR / WRITTEN TEST PROCTOR TRAINING AFFIDAVIT (FORM 1511ND)

This agreement MUST be accompanied by **FORM 1501ND** (Confidentiality/Non-Disclosure Form)

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

Observer Name (please print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Actor Name (please print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Written Test Proctor Name (please print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

**AN ACTOR MAY NOT BE A NA TEST CANDIDATE WHO HAS NOT TESTED, OR HAS NOT RECEIVED THEIR PASSING TEST RESULTS FROM NDDH. AN ACTOR MAY NOT BE A STUDENT IN ANY NA TRAINING PROGRAM.**

\_\_\_\_\_  
ACTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WRITTEN TEST PROCTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RN TEST OBSERVER SIGNATURE

\_\_\_\_\_  
DATE