



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609  
800-393-8664 - Fax: 406-442-3357  
www.hdmaster.com

Innovative, quality technology solutions  
throughout the United States since 1985.

## NORTH DAKOTA NURSING ASSISTANT APPLICATION FOR CERTIFICATION BY EXAMINATION (FORM 1101ND)

### CANDIDATE INFORMATION (PLEASE PRINT)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are requesting an oral version of the Written Test, please write oral on this line \_\_\_\_\_. Oral includes a cassette tape on which questions are read out loud. There is an additional fee for an oral Written test. See form 1402ND. The Oral test comes in English only.

### OPTIONAL SURVEY QUESTIONS

Gender:  Male  Female

Race:  Asian  Black  Hispanic  Native American  Caucasian  Other \_\_\_\_\_

### TRAINING INFORMATION

I have **not** been enrolled in a NDDH approved training program during the last two years. I am challenging the test without training.

I have been enrolled in and completed the following NDDH approved training program during the last two years. Please include a copy of your training certificate. Incomplete training program information will be considered a CHALLENGE.

Training Program \_\_\_\_\_ Completion Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Training Hours \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

*LIST YOUR NURSING ASSISTANT EMPLOYERS STARTING WITH CURRENT OR MOST RECENT*

<u>FACILITY NAME</u>	<u>LOCATION</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**ALL QUESTIONS MUST BE COMPLETED**

The fact that an arrest, conviction, plea, or adjudication occurred as a juvenile or through juvenile court authorities, or has previously been pardoned, expunged, dismissed, or that your civil rights have been restored, does not mean that you can answer question #1 and question #2 "NO".

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1. Have you ever been arrested, charged, or convicted of a crime other than a minor traffic offense?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any court deferred imposition of a sentence, suspension of a sentence, or have you entered a plea of nolo contendere to any crime in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a nurse aide registry listing marked for abuse, neglect or misappropriation of property?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your registration or nursing license ever been suspended, revoked, encumbered or otherwise sanctioned?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been investigated by any other jurisdiction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been denied registration or nursing licensure by any other state?  | <input type="checkbox"/> | <input type="checkbox"/> |

If your answer is "YES" to any of the above questions, please write below a detailed written explanation (dates, places, charges, and results). Include any legal documents and send them with this application. If you are under eighteen please have your parent or guardian sign this NA application.

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**CANDIDATE MUST SIGN AND DATE**

Signing below, verifies that all information provided to HEADMASTER is true and accurate and verifies that you are physically able to perform the tasks that you may be asked to perform during the clinical skill demonstration portion of the Nurse Aide Competency Exam and further, that you are NOT under Doctor's Orders and will inform HEADMASTER immediately if you come under a Doctor's Order and can't perform skill tasks that a Nurse Aide must perform to take the Certification Test or perform the regular duties of a Nurse Aide.

I certify the information on this document is true and correct:

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Candidate Name: \_\_\_\_\_

Parent or Guardian Signature (If you are under eighteen): \_\_\_\_\_