



**HEADMASTER
TEST OBSERVER/PROCTOR/WRITTEN TEST PROCTOR/ACTOR
CONFIDENTIALITY/NONDISCLOSURE AGREEMENT**

This agreement MUST be accompanied by *Form 1505MT (TO Agreement) & Form 1511MT (Training Affidavit)*

I acknowledge the confidential nature of the nursing assistant competency examination. This includes the materials, processes, procedures and content of both the written and manual skills portions of the examination. I agree to safeguard the confidentiality of all information about the Montana nursing assistant competency examination. I will not disclose any portion of the examination materials and I will not disclose the processes or procedures necessary to administer or pass the examination.

If I am an RN Test Observer/Proctor, I will not administer tests to nursing assistant candidates who are family or close personal friends.

If I am a written test proctor or an actor, I will not be involved in the testing of nursing assistant candidates who are family or close personal friends. Also, I understand, as an actor or written test proctor, I will not be able to apply to take the Montana nursing assistant examination for six months from the date that I last worked as an actor or written test proctor helping to testing nursing assistant candidates in Montana.

This agreement extends to and includes, but is not limited to, allowing any unauthorized person to hear, view, videotape, or otherwise gain any knowledge about the exam or the exam processes and procedures before, during, or after the administration of an exam.

I recognize that disclosing or revealing or allowing this information to be disclosed or revealed constitutes a violation of this agreement and could place my nursing license at risk and/or be subject to prosecution to the full extent of the law and/or incur a \$100,000 breach of confidentiality fine. I agree to report any known or suspected breach in security relative to the nursing assistant competency examination in Montana by immediately calling the HEADMASTER home office at (800) 393-8664 or be considered as a party to the breach and treated as if I made the breach myself.

RN Test Observer/Proctor Name (Print Clearly or Type)

Social Security #

RN Test Observer/Proctor Address, City and Zip

(_____)_____
Phone #

Actor Name (Print Clearly or Type)

Social Security #

Actor Address, City, State, Zip

(_____)_____
Phone #

Written Test Proctor name (Print Clearly or Type)

Social Security #

Written Test Proctor Address, City, State, Zip

(_____)_____
Phone #

RN Test Observer/Proctor Signature

Actor Signature

Written Test Proctor Signature

DATE: _____