



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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

MONTANA NURSING ASSISTANT – HEADMASTER TEST SITE AGREEMENT FORM 1502MT

(This agreement MUST be accompanied by **Form 1503MT**)

Facility Name: _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

hereinafter known as the Testing Site, will allow NA Knowledge and Skill Tests to be administered at our facility, under the following guidelines for FIXED **and/or** FLEXIBLE testing schedules.

As a FLEXIBLE Schedule Test Site (Proctored – **only** tests candidates trained at the above listed program or employed by this facility) we will comply with the following guidelines:

1. NO more than 10 Candidate applications may be submitted per testing date per RN Observer.
2. We will complete and mail or fax this **Form 1502MT and Form 1503MT** to HEADMASTER.
3. We will supply HEADMASTER an approved area for testing NA candidates on the Knowledge and Skill Tests. The knowledge Test area and the Skill Test area will be kept free from distractions and will available for up to 9 hours on test days.
4. We will pay the test proctor for testing on company time conducted at our facility for candidates employed/trained by us.
5. We will use **Form 1101MT** and **Form 1402MT** to apply for tests for Candidates who complete our Montana approved NA training course.
6. We will assume all liability for our Candidates tested in our facility because they are our employees or trainees.
7. We agree to unannounced visits by the MT DPHHS and HEADMASTER for the purpose of observing tests in progress.

As a FIXED Schedule Test Site (Regional – allows candidates trained at any program or challenge candidates to test) we will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER certified, independently contracted, RN Observer for the purpose of administering Knowledge and Skill tests for up to 10 Candidates per day per Observer. The area(s) will be free from distractions for up to 9 hours on testing days.
2. We will complete and mail or fax this **Form 1502MT and Form 1503MT** to HEADMASTER.
3. We will mutually agree to schedule test dates up to fifty-two weeks in advance with HEADMASTER and/or schedule mutually agreed upon, site selected test dates as far in advance as possible with HEADMASTER.
4. We agree to unannounced visits by the MT DPHHS and HEADMASTER for the purpose of observing tests in progress.
5. On testing days, we will allow an independently contracted RN Observer, their Actor, KTP, and test Candidates admittance to our approved Test Site. We will hold them accountable for damage, theft or any other act or action harmful to the facility in any way. HEADMASTER assumes no liability for independently contracted RN Observers, their Actors, KTPs or Candidates.

PHOTOGRAPHING OR VIDEOTAPING TEST EVENTS

As a certification test vendor, Headmaster LLP must ensure the security of Knowledge and Skill Test items and proprietary test delivery software.

Certification test events are expected to be conducted in a distraction free environment with a high degree of personal privacy. Photographing, videotaping, recording via security or surveillance cameras or any other device while any Headmaster Knowledge or Skill testing is being conducted is expressly prohibited unless advance written permission has been granted by Headmaster and the State oversight agency for the certification examination.

To host certification test events for test candidates, you agree that no electronic recording devices will be used to record sound or video of actual test candidates, test events or any part of test administration. You agree that to allow recording of certification testing events in progress without the express written consent of Headmaster and the State oversight agency may result in the loss of your test site approval, training program approval and may subject you to prosecution by all affected parties to the full extent of the law.

I certify that our site is not under any Montana Department of Health and Human Services (MT DPHHS) sanctions and I have read, understood and will abide by the guidelines listed.

Site Administrator Signature: _____ Date: ____/____/____

Contact Phone Number: (_____) _____ - _____ Fax #: (_____) _____ - _____

Print designated contact person: _____ Email: _____

HEADMASTER use ONLY: Site # : _____ Assigned on ____/____/____ by _____ Confirmation letter emailed or mailed: ____/____/____