

TEST SITE AGREEMENT

FACILITY INFORMATION

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

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

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

FLEXIBLE TEST SITE will comply with the following guidelines:

1. No more than eight candidate applications may be submitted per testing date per Proctor.
2. We will complete and mail or fax this **FORM 1502ND** and **FORM 1503ND** to HEADMASTER.
3. We will supply a HEADMASTER approved area for testing CNA candidates on the Written and Skill Tests. The written test area would be used for up to 2hrs on testing day and the skill test area for up to 6hrs.
4. We will designate a licensed RN with a least one year of long-term health care experience who is NOT a DON as our primary Proctor and have them complete the HEADMASTER Proctor training course prior to administering any tests in our facility.
5. We will use **FORM 1101ND** and **FORM 1402ND** to apply for tests for Candidates who complete our North Dakota Department of Health approved CNA training course.
6. We will assume all liability for the negligence test Candidates, Actors, and Proctors used in the administration of HEADMASTER CNA tests in our facility because they are our residents and our employees.
7. We agree to unannounced visits by the NDDH and/or HEADMASTER for the purpose of observing tests in progress.

FIXED TEST SITE will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER certified, independently contracted, Test Administrator (TA) to administer Written and Skills Tests. The area will be free from distractions for up to eight hours on testing days.
2. We will complete and mail or fax this **FORM 1502ND** and **FORM 1503ND** to HEADMASTER.
3. We will mutually agree to schedule test dates up to sixteen weeks in advance and/or schedule TAG site selected test dates in mutual agreement with HEADMASTER.
4. We agree to unannounced visits by the NDDH and/or HEADMASTER for the purpose of observing tests in progress.
5. On testing days, we will allow an independently contracted TA, their Actor and test Candidates admittance to our designated 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 Test Administrators, their Actors or Candidates.

SIGNATURE

I certify that our site is under no North Dakota Department of Health sanctions and I have read, understood and will abide by the guidelines listed.

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