## **D&S DIVERSIFIED TECHNOLOGIES**

333 OAKLAND AVE, FINDLAY, OH 45840

TOLL FREE 877-851-2355 - LOCAL 419-420-1605 - FAX 419-422-8328 - www.hdmaster.com

PROVIDING STNA TESTING SOLUTIONS THROUGHOUT the UNITED STATES

## **UPDATED 07/19/2013- TESTING REQUIREMENTS**

## **D&S DIVERSIFIED TECHNOLOGIES NURSE AIDE TEST OBSERVER AGREEMENT**

Form 1500 OH, 1501 OH and 1503 OH are part of and MUST accompany this agreement

Parties: This agreement is entered into this	day of	20	by and between	
Applicant:				of
Home Address:				
Phone Numbers:			·	
hereinafter referred to as the TO (Test Observer) and and Ben Schmitt employer ID# 81-0485786) for the p Tests at sites and dates mutually agreed to with D&S	ourpose of administering D&S [	DIVERSIFIED TECHNÓL	ully owned and operate OGIES Nurse Aide Wri	ed by Paul Dorrance tten/Oral and/or Skil
Obligation: The TO will be paid twenty-seven each Skill Test satisfactorily administered, and may be used to compensate Written Test Procting the second sec	four dollars and fifty cents ors hired and trained by the ES will further compensate by Actors hired and trained (\$50.00) per Observer the ver will receive twenty dollar and ODH standards. The Cocretification process or proof fifteen dollars (\$15.00) per specific reason for any per ork materials within 18 houst lation of this agreement. It EAR) IN-ORDER TO MAII	(\$4.50) for each Writtee TO plus two dollars (\$ the TO seven dollars of by the TO. Test Observer must be certificed minutes of D&S talties, so s(he) may taurs of a completed test ALSO UNDERSTAND NTAIN MY CERTIFIC.	en Test satisfactorily (2.00) for any written and twenty-five cent server selected and re-approved ADA Active yearly, at his or that return testing part of the corrective at date is cause for THAT I MUST TES	r administered that tests that are oral (\$7.25) for each that agree to be not ODH approved commodation test her own expense, each to fix the testing action to properly a late submission T SIX TIMES PER
Payment will be made to the TO within 30 days of Invoice/Report, (Form 1250) at PO Box #418, Findley	of receipt of ALL testing mat			se Aide Examiner's
Independent Contractor: It is understood that under the terms of this agreement, D&S DIVE payment on behalf of the TO for any federal, s responsible for all payments of federal, state an and will provide for their own insurance and reticontractor by being free from control or directic this contract agreement and in fact during permitted to offer direction and exercise control TO acknowledges that as an independent con agreement. The TO also agrees to and expect TECHNOLOGIES staff or ODH staff, for the pur	RSIFIED TECHNOLOGIES state or municipal taxes or and municipal taxes that may irement benefits, if they so on over the performance of agreed upool in matters essential to spatractor there is NO eligibilits, unannounced periodic research.	s shall not deduct from any insurance or retire be required on any codesire. The TO agrees his/her services and mork. The TO furt ecifying the end result ty for workers' competerview during Test Obs	any compensation ment program. The mpensation paid und to maintain status at the details of his/her agrees D&SDT/ as determined by Consation claims unde ervation, by either D	paid or make any e TO will be solely der this agreement as an independent work, both under ODH will only be DDH. Further, the rether the terms of this D&S DIVERSIFIED.
<u>Conflict of Interest:</u> The Observer understand that is hired by or being trained within their corp personal friends. Test Observer must remain of must avoid any possibility of a conflict of interest	oorate structure or organizat consistent, impartial and ur	tion. Test Observer manbiased during the adr	y not test their own to ninistration of an Oh	family members or nio STNA test and
Non-Discrimination: In accordance with state the terms of this agreement shall not discrimina age, political affiliation or beliefs, marital status agreement.	ite against any person(s) or	n the basis of race, relig	gious creed, color, s	ex, national origin,
<u>Modifications:</u> This document contains the entire transferred or subcontracted except upon written agreither party, which are not contained in this written Co	eement signed by all partied to	this agreement. No sta		
<u>Termination:</u> Either party may terminate this agreen nonperformance of any act of activity contained herein		e to the other party, exce	pt for immediate termi	nation in the case of
<u>Liability:</u> When administering skills tests, no facility no liability for test Candidates, test subjects, Actors of borne by the independently contracted Observer.				
I hereby acknowledge and agree with the terms TO Signature:	and conditions of this agre	ement. Date	: / /	
D&S DIVERSIFIED TECHNOLOGIES use ONLY: TO	O ID # assigned:	on /	by	

D&S DIVERSIFIED TECHNOLOGIES Form 1505 OH

Updated: 07/19/2013

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