



## TESTING SITE AGREEMENT FORM 1502OK

THIS AGREEMENT MUST BE ACCOMPANIED BY **FORM 1503OK**

Facility Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

hereinafter known as the Testing Site, will allow NA Written 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** (In Facility) we will comply with the following guidelines:

1. NO more than twelve Candidate applications may be submitted per testing date per RN Observer.
2. We will complete and mail or fax this **Form 1502OK and Form 1503OK** to HEADMASTER.
3. We will supply HEADMASTER an approved area for testing NA candidates on the Written and Skill Tests. The written test area and the skill test area may be used for up to 9 hours on test day.
4. We will contact an Evaluator/Observer on the HEADMASTER approved Evaluator/Observer list and mutually agree to a test date. We will then **IMMEDIATELY** contact (phone, fax or email) HEADMASTER and inform them of the scheduled test date.
5. We will use **Form 1101OK** and **Form 1402OK** to apply for tests for Candidates who complete our Oklahoma 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 Oklahoma State Department of Health and HEADMASTER for the purpose of observing tests in progress.

**As a FIXED Schedule Test Site** (Regional) we will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER certified, independently contracted, Evaluator/Observer for the purpose of administering Written and Skill tests for up to twelve Candidates per day per Observer. The area(s) will be free from distractions for up to nine hours on testing days.
2. We will complete and mail or fax this **Form 1502OK** and **Form 1503OK** 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 Oklahoma State Department of Health and HEADMASTER for the purpose of observing tests in progress.
5. On testing days, we will allow an independently contracted Observer, their Actor, WTP, 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, WTPs, or Candidates.

**I certify that our site is under no Oklahoma State Department of Health or OHCA sanctions and I have read, understand 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 faxed: \_\_\_\_/\_\_\_\_/\_\_\_\_