

HEADMASTER, LLP

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PROVIDING NA TESTING SOLUTIONS THROUGHOUT THE UNITED STATES

Please return this form to: P.O. Box 6609 Helena, MT 59604 For test scheduling questions: call (800)-393-8664
FAX: (406) 442-3357 E-mail: hdmaster@hdmaster.com Web address: http://www.hdmaster.com.

Testing Site and RN Test Observer EQUIPMENT LIST AND AFFIDAVIT

This form MUST be accompanied by either **Form 1505OR (observer) or 1502OR (test site)**

The testing site must have all of the materials necessary for RN test observers to properly administer any of the Oregon approved, randomly selected, skill tasks. The RN observer is required to review all of the skill tests they receive prior to administration and insure that the proper test site equipment is available prior to testing. Please refer to the following list for test equipment and supply requirements.

Equipment Provided by Testing Site

- Bedpan
- Bedside stand
- Call bell (doesn't have to be a working call bell)
- Dentures, denture container
- Fracture pan - Output measurement container
- Foley catheter
- Food tray, plate, silverware
- Gait belts/transfer belts
- Graduate
- Hand washing sink with warm running water, liquid soap, & paper towels
- Laundry receptacle
- Linens including: bedspread, blanket, clothing protector, pillows (4), pillowcases, fitted sheets, flat sheets, draw sheets, incontinence pads, top linens, towels, washcloth, bath blanket, and resident gown
- Long term care bed with working brakes, side rails, feet and head adjustment controls, and whole bed up/down controls
- Mannequin (anatomically correct)
- Over bed stand
- Standard upright scale or analog scale
- Teaching – (bi-aural) stethoscope and two sizes of blood pressure cuffs
- Urinal
- Urinary bag
- Walker
- Wash basin, emesis basin
- Wastebasket
- Wheelchair with working brakes and footrests

- Working privacy curtain(s)

RN Test Observer Provided Equipment and Consumables

- 2 Clear 240 cc glasses – 1 clear 120 cc juice glass
- #2 pencils for paper written test administration
- Actor's lip lubricant, toothbrush, toothpaste, toothettes, mouth rinse, and paper cup
- Alcohol/antiseptic wipes
- At least one tape player / walkman with headphones (for oral test administration)
- Digital oral thermometer and sheaths for probe
- Disposable gloves
- Disposable gown
- Emery boards -orange stick
- Knee high anti-embolism elastic stocking that fits actor
- Liquid soap
- Lotion
- Nail file and clippers
- Official data recording sheets (available on web site)
- Over sized button shirt/blouse, sweat pants, easy to put on shoes and socks all fitting actor
- Pencils/pens
- Pre-measured "urine" fluid amounts in unmarked containers
- Sample food items & napkins (canned applesauce, pudding etc.)
- Tissues, toilet paper
- Watch with a second hand – Audible count down timer

Test Sites: Checking this box means I am signing for and I am authorized to sign this form on behalf of the test site listed below.

RN Test Observers: Checking this box means I am or intend to become an active certified RN test observer in Oregon and I will provide the consumable supplies and equipment necessary as listed in the RN test observer section above whenever I test candidates at an approved test site.

Please call HEADMASTER at 1-800-393-8664 if we can be of assistance.

Test Site Affidavit: I hereby certify that:

Facility Name: _____ Phone: (_____) _____ - _____
Contact Person's Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

has and will provide the test site equipment listed above, that we will keep the equipment in good working condition, and we will make the equipment available to HEADMASTER, LLP certified RN test observers during test events at this site.

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

RN Observer Affidavit:

I am an Oregon certified RN test observer and I will bring and provide the supplies and equipment required, as listed above in the RN observer section, for test events at test sites where I agree to provide consistent, unbiased, testing oversight and administration.

Test Observer Signature: _____ Date: ____/____/____
SS# _____ - _____ - _____ Email: _____