

# SOUTH DAKOTA CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

South Dakota Health Care Association  
804 N. Western Avenue --Sioux Falls, SD 57104  
Phone# 605-339-2071

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Testing Services Provided by: HEADMASTER, LLP

**\*All application materials MUST be sent to SDHCA-Attn: LuAnn Severson\***

## CONFIDENTIALITY/NONDISCLOSURE AGREEMENT 1501SD

**Must be accompanied by form 1500SD (TO Application) or form 1515SD (Resident Actor Agreement)**

I acknowledge the confidential nature of the nursing assistant competency examination. This includes the materials, processes, procedures and content of both the Knowledge and Manual Skills portions of the examination. I agree to safeguard the confidentiality of all information about the South Dakota nursing assistant competency examination. I will not disclose any portion of the examination materials and I will not disclose the processes or procedures necessary to administer or pass the examination.

If I am an RN Test Observer/Proctor, I will not administer tests to nursing assistant candidates who are family or close personal friends.

If I am a Knowledge Test Proctor or an Resident Actor, I will not be involved in the testing of nursing assistant candidates who are family or close personal friends. Also, I understand, as an Resident Actor or Knowledge Test Proctor, I will not be able to apply to take the South Dakota nursing assistant examination for six months from the date that I last worked as an Resident Actor or Knowledge Test Proctor helping to testing nursing assistant candidates in South Dakota.

This agreement extends to and includes, but is not limited to, allowing any unauthorized person to hear, view, videotape, or otherwise gain any knowledge about the exam or the exam processes and procedures before, during, or after the administration of an exam.

I recognize that disclosing or revealing or allowing this information to be disclosed or revealed constitutes a violation of this agreement and could place my nursing license at risk and/or be subject to prosecution to the full extent of the law and/or incur a \$100,000 breach of confidentiality fine. I agree to report any known or suspected breach in security relative to the nursing assistant competency examination in South Dakota by immediately calling the HEADMASTER home office at (800) 393-8664 or be considered as a party to the breach and treated as if I made the breach myself.

\_\_\_\_\_  
Certified Test Observer Name (Print Clearly or Type)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Certified Test Observer/Proctor Address, City and Zip

(\_\_\_\_)\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Resident Actor Name (Print Clearly or Type)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Resident Actor Address, City, State, Zip

(\_\_\_\_)\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Knowledge Test Proctor name (Print Clearly or Type)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Knowledge Test Proctor Address, City, State, Zip

(\_\_\_\_)\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Certified Test Observer Signature

\_\_\_\_\_  
Resident Actor Signature

\_\_\_\_\_  
Knowledge Test Proctor Signature

DATE: \_\_\_\_\_

FORM 1501SD

UPDATED: 07/17/15