

# HEADMASTER, LLP/SOUTH DAKOTA HEALTH CARE ASSOCIATION TEST SITE FACILITY AGREEMENT

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## FACILITY INFORMATION:

Site/Facility Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# ( ) - Fax# ( ) -

hereinafter known as the Test Site, will allow Nurse Aide Knowledge and Skill exams to be administered at our facility, under the following guidelines for FLEXIBLE test site testing:

### **We are applying to be a FLEXIBLE Test Site and will comply with the following guidelines:**

- 1) A maximum of ten (10) candidate applications per test packet may be submitted per testing date per Test Observer.
- 2) We will complete and mail or fax this form 1502SD (Facility Agreement) and form 1503SD (Equipment List) to the South Dakota Health Care Association (SDHCA).
- 3) We will supply a HEADMASTER approved area for testing nurse aide candidates on the Knowledge and Manual skill tests. (2hrs knowledge and up to 6 hrs for individualized manual skill tests on testing day)
- 4) We will designate a licensed RN with at least one-year of long-term health care experience that is *NOT* a D.O.N. as our primary Test Observer and have him/her complete the HEADMASTER Test Observer Certification Course prior to administering any tests in our facility.
- 5) We will use the HEADMASTER Knowledge and Skill tests included in the WEBETEST© software to test our candidates, each candidate with a different Knowledge and Skill test.
- 6) Since they will be our employees or residents, we will assume all liability for test candidates, actors, and Test Observers used in the administration of HEADMASTER nursing aide testing in our facility.
- 7) We agree to unannounced visits by the SDHCA, and/or HEADMASTER for the purpose of observing tests in progress.

I CERTIFY THAT OUR TEST SITE IS NOT UNDER ANY SOUTH DAKOTA HEALTH DEPARTMENT SANCTIONS AND I HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE GUIDELINES LISTED ABOVE.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

HEADMASTER Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_