

HEADMASTER, LLP/SDHCA
SOUTH DAKOTA KNOWLEDGE TEST PROCTOR /
ACTOR CONFIDENTIALITY NON-DISCLOSURE

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This agreement MUST be accompanied by form 1515SD.

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 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, 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 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 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 actor or Knowledge Test Proctor helping to test 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, LLP home office at (800) 393-8664 or be considered as a party to the breach and treated as if I made the breach myself.

RN Test Observer Name (Print Clearly or Type)

Social Security #

RN Test Observer Address, City and Zip

() _____
Phone #

Actor Name (Print Clearly or Type)

Social Security #

Actor Address, City, State, Zip

() _____
Phone #

Knowledge Test Proctor name (Print Clearly or Type)

Social Security #

Knowledge Test Proctor Address, City, State, Zip

() _____
Phone #

RN Test Observer Signature

Actor Signature

Knowledge Test Proctor Signature

Date: ____/____/____