

# D&S DIVERSIFIED TECHNOLOGIES

333 OAKLAND AVENUE, FINDLAY, OH 45840

TOLL FREE 877-201-0758 – FAX 419-422-8367 – www.hdmaster.com

**PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE**

## D&S DIVERSIFIED TECHNOLOGIES NURSE AIDE OBSERVER/WRITTEN TEST PROCTOR/ACTOR CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

This agreement MUST be accompanied by *Form 1505 TN* or *Form 1511 TN* on the reverse side

*(New Updated Policy)*

***This form must be completed and signed by the Actor and Test Proctor each time when assisting with testing.***

I acknowledge the confidential nature of the nursing assistant competency examination. This includes the materials, processes, procedures and content of both the written 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 Evaluator, I will not test or be involved in testing my own students, family members, close personal friends or candidates trained within a corporate entity or organization that employs me.

If I am a written test proctor or an actor, I will not be involved in the testing of family members or close personal friends, except in emergency situations as provided for in the Tennessee Guidelines. Also, I understand that as an actor or written test proctor, I understand that I will not be able to apply and take the Tennessee CNA test for 6 months from the date that I was last used as an actor or written test proctor.

This agreement extends to and includes, but is not limited to, allowing unauthorized persons to hear, view, videotape, or otherwise gains any knowledge about the exam 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 a \$100,000 fine. I agree to report any known or suspected breach in security relative to the nursing assistant competency examination by calling the D&SDT home office at (800) 393-8664.

\_\_\_\_\_  
Evaluator Name (Print Clearly or Type)

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

\_\_\_\_\_  
Evaluator Address, City and Zip

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

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

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

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

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

\_\_\_\_\_  
Written Test Proctor Name (Print Clearly or Type)

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

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

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

\_\_\_\_\_  
RN Test Evaluator Signature

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

\_\_\_\_\_  
Written Test Proctor Signature

Date: \_\_\_\_\_

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## Training Affidavit:

I hereby swear that I, as a certified CNA Observer testing Nurse Aide Candidates in the State of TENNESSEE, have reviewed the Actor training material with the Actor named herein and/or the Written Test Proctor training material with the Written Test Proctor named herein:

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Observer SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

I hereby swear that I, as a CNA Skill Test Actor or Written Test Proctor, have reviewed the Actor training material and/or the Written Test Proctor training material with the Observer named above, and I understand and will abide by the material presented. I also understand that if I am currently or become a nurse aide student that I will not be eligible to test for a period of six months:

Actor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Actor SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Written Test Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Written Test Proctor SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

(Sign both places if you are certifying as an Actor **and** a Written Test Proctor.)