



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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*Innovative, quality technology solutions
throughout the United States since 1985.*

**ARIZONA ASSISTED LIVING FACILITY MANAGER
HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES**

KNOWLEDGE TEST PROCTOR

CONFIDENTIALITY / NONDISCLOSURE AGREEMENT FORM 1501KTP-AF

This agreement MUST be accompanied by *Form 1505AF or Form 1511AF*

I acknowledge the confidential nature of the Assisted Living Facility Manager competency examination. This includes the materials, processes, procedures and content of the knowledge examination. I agree to safeguard the confidentiality of all information about the Assisted Living Facility Manager 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 nor will I disclose any examination results with instructors or administrators of any training facility.

IF I AM A KNOWLEDGE TEST PROCTOR (KTP), 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.

Also, I UNDERSTAND THAT AS A KNOWLEDGE TEST PROCTOR, I WILL NOT BE PERMITTED TO APPLY AND TAKE THE ARIZONA ASSISTED LIVING FACILITY MANAGER TEST FOR 6 MONTHS FROM THE DATE THAT I WAS LAST USED AS A KNOWLEDGE 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 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 Assisted Living Facility Manager competency examination by calling the HEADMASTER/D&S Diversified Technologies home office at (800) 393-8664.

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Knowledge Test Proctor Name (Print Clearly or Type)

Social Security #

Knowledge Test Proctor Address, City, State, Zip

()
Phone #

Knowledge Test Proctor Signature

Date: _____