

D&S Diversified Technologies

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PROVIDING TESTING SOLUTIONS THROUGHOUT the UNITED STATES

D&S DIVERSIFIED TECHNOLOGIES

MEDICATION ASSISTANT OBSERVER/Written TEST PROCTOR/ACTOR

CONFIDENTIALITY/NONDISCLOSURE AGREEMENT form 1501

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

I acknowledge the confidential nature of the medication assistant competency examination, the materials for the written and manual skills portions of the examination and the processes, procedures and content of the written and manual skills portions of the examination. I agree to safeguard the confidentiality of all information about the medication assistant competency examination. I will not disclose any portion of the examination materials. I will not disclose the content of the examination and I will not disclose the processes or procedures necessary to administer or pass the examination. If I am an Observer I will not test or be involved in testing my own students, family members or 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 Arizona Guidelines. Also, as an actor or written test proctor, I understand that I will not be able to sit for the Arizona MEDICATION ASSISTANT 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 allow anyone to gain 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 medication assistant competency examination by calling the D&SDT home office at (800) 393-8664.

Name (Print or Type Test Observer)

Social Security #

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Observer Address

Phone Number

Actor Name

Social Security #

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Actor Address

Phone #

Written Test Proctor Name

Social Security #

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Written Test Proctor Address

Phone #

RN Test Observer Signature

Actor Signature

Written Test Proctor Signature

Date: _____