



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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

**ARIZONA MEDICATION ASSISTANT
RN TEST OBSERVER / KNOWLEDGE TEST PROCTOR / ACTOR
CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT
FORM – 1501AM**

(This agreement MUST be accompanied by **Form 1505AM** or **Form 1511AM**)

I acknowledge the confidential nature of the medication assistant competency examination, the materials for the knowledge and manual skills portions of the examination and the processes, procedures and content of the knowledge 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 knowledge 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 knowledge 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 knowledge 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 HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES home office at (800) 393-8664.

Name (*Print or Type*)

Social Security #

Observer Address

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Phone Number

Actor Name (*Print or Type*)

Social Security #

Actor Address

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Phone Number

Knowledge Test Proctor Name (*Print or Type*)

Social Security #

Knowledge Test Proctor Address

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Phone Number

RN Test Observer Signature

Actor Signature

Knowledge Test Proctor Signature

Date: / /