



**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**

**TEST SITE AGREEMENT – FORM 1502AM**

This agreement **MUST** be accompanied by **Form 1503AM**

Facility Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

hereinafter known as the Testing Site, will allow Medication Assistant Knowledge and Skill Tests to be administered at our facility, under the following guidelines for **FIXED and/or FLEXIBLE** testing schedules.

**As a FLEXIBLE Schedule Test Site** (In Facility) we will comply with the following guidelines:

1. NO more than twelve Candidate applications may be submitted per testing date per RN Observer.
2. We will complete and mail or fax this **Form 1502AM and Form 1503AM** to Headmaster.
3. We will supply HEADMASTER an approved area for testing MA candidates on the Knowledge and Skill Tests. The knowledge test area and the skill test area may be used for up to 9 hours on test day.
4. We will contact an Evaluator/Observer on the Headmaster approved Evaluator/Observer list and mutually agree to a test date. We will then **IMMEDIATELY** contact (phone, fax or email) Headmaster and inform them of the scheduled test date.
5. We will use **Form 1101AM** and **Form 1402AM** to apply for tests for Candidates who complete our Arizona approved Medication Assistant training course.
6. We will assume all liability for our Candidates tested in our facility because they are our employees or trainees.
7. We agree to unannounced visits by the Arizona Board of Nursing and HEADMASTER for the purpose of observing tests in progress.

**As a FIXED Schedule Test Site** (Regional) we will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER certified, independently contracted, Evaluator/Observer/ for the purpose of administering Knowledge and Skill tests for up to twelve Candidates per day per Observer. The area(s) will be free from distractions for up to nine hours on testing days.
2. We will complete and mail or fax this **Form 1502AM and Form 1503AM** to Headmaster.
3. We will mutually agree to schedule test dates up to fifty-two weeks in advance with Headmaster and/or schedule mutually agreed upon, site selected test dates as far in advance as possible, with Headmaster.
4. We agree to unannounced visits by the Arizona Board of Nursing and Headmaster for the purpose of observing tests in progress.
5. On testing days, we will allow an independently contracted RN Test Observer, their Actor, KTP, and test Candidates admittance to our approved Test Site. We will hold them accountable for damage, theft or any other act or action harmful to the facility in any way. HEADMASTER assumes no liability for independently contracted Evaluators/Observer, their Actors, KTPs or Candidates.

**PHOTOGRAPHING OR VIDEOTAPING TEST EVENTS**

As a certification test vendor, D&S Diversified Technologies LLP (D&SDT) and Headmaster LLP must ensure the security of knowledge and skill test items and proprietary test delivery software.

Certification test events are expected to be conducted in a distraction free environment with a high degree of personal privacy. Photographing, videotaping, recording via security or surveillance cameras or any other device while any D&SDT/Headmaster knowledge or skill testing is being conducted is expressly prohibited unless advance written permission has been granted by D&SDT/Headmaster and the State oversight agency for the certification examination.

To host certification test events for test candidates, you agree that no electronic recording devices will be used to record sound or video of actual test candidates, test events or any part of test administration. You agree that to allow recording of certification testing events in progress without the express written consent of D&SDT/Headmaster and the State oversight agency may result in the loss of your test site approval, training program approval and may subject you to prosecution by all affected parties to the full extent of the law.

**I certify that our site is under no Arizona (AZBN) or DHS sanctions and I have read understood and will abide by the guidelines listed.**

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Print designated contact person: \_\_\_\_\_ Email: \_\_\_\_\_

**HEADMASTER use ONLY:** Site # : \_\_\_\_\_ Assigned on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

Confirmation letter mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_