

*PROVIDING Medication Assistant (MA) TESTING SOLUTIONS THROUGHOUT the United States*

**TESTING SITE AGREEMENT form 1502 RM**  
This agreement MUST be accompanied by **Form 1503 RM**

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

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

hereinafter known as the Testing Site, will allow MA Written 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 eighteen Candidate applications (without permission) may be submitted per testing date per Written Test Proctor.
2. We will complete and mail or fax this **Form 1502 RM and Form 1503 RM** to D&S Diversified Technologies.
3. We will supply D&S DIVERSIFIED TECHNOLOGIES an approved area for testing MA candidates on the Written Tests. The written test area may be used for up to 9 hours on test day.
4. We will contact a WTP on the D&S Diversified Technologies approved WTP list and mutually agree to a test date. We will then **IMMEDIATELY** contact (phone, fax or email) D&S Diversified Technologies and inform them of the scheduled test date.
5. We will use **Form 1101 RM and Form 1402 RM** (or the online equivalents) to apply for tests for Candidates who complete our Arkansas Board of Nursing approved MA 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 Arkansas Board of Nursing and/or D&S DIVERSIFIED TECHNOLOGIES for the purpose of observing tests in progress.

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

1. We will supply an area to be used by a D&S DIVERSIFIED TECHNOLOGIES certified, independently contracted, Written Test Proctor to administer Written Tests. The provided area will be free from distractions for up to nine hours on testing days.
2. We will complete and mail or fax this **Form 1502 RM and Form 1503 RM** to D&S DT.
3. We will mutually agree to schedule test dates up to fifty-two weeks in advance with D&S DIVERSIFIED TECHNOLOGIES.
4. We agree to unannounced visits by the Arkansas Board of Nursing and/or D&S DT for the purpose of observing tests in progress.
5. On testing days, we will allow an independently contracted Written Test Proctor (WTP), and test Candidates admittance to our designated Test Site. We will hold them accountable for damage, theft, or any other act or action harmful to the facility in any way. Neither D&S DIVERSIFIED TECHNOLOGIES nor the Arkansas Board of Nursing assumes any liability for independently contracted WTPs, or Candidates.

**I certify that our site is under no Arkansas Board of Nursing sanctions and I have read, understood, and will abide by the guidelines listed.**

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

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

**D&S DIVERSIFIED TECHNOLOGIES use ONLY:** Site # : \_\_\_\_\_ assigned on  
\_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_