

D&S DIVERSIFIED TECHNOLOGIES LLP dba HEADMASTER LLP
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PROVIDING Medication Assistant (MA) TESTING SOLUTIONS THROUGHOUT the United States

TESTING SITE EQUIPMENT LIST AND AFFIDAVIT form 1503 RM

This list MUST be accompanied by **Form 1502 RM**

The Testing Site must include all of the materials necessary to properly administer any of the randomly selected written tests. The WTP is required to make sure all supplies are available prior to testing.

Equipment Provided by Testing Site

- Internet connected computer(s)

Additional Equipment Provided by WTP or Flexible Test Site

- Timer/Wall Clock

Please call D&S DIVERSIFIED TECHNOLOGIES toll free at 1-800-393-8664 if we can be of assistance at any time.

Site Affidavit

I hereby certify that

Facility Name: _____

Phone: _____ Ext: _____ Fax

Number: _____

Contact Person's Name: _____ Email _____

Address: _____ City: _____ State: _____ Zip: _____

has the equipment listed herein and we will make the equipment available to D&S DIVERSIFIED TECHNOLOGIES certified Arkansas WTPs (independent contractors) for the purpose of administering MA written tests to medication assistant candidates at our site.

Test Site Approving Administrator

Signature: _____

Date: ____/____/____

Title: _____ Email

Address: _____