

**FACILITY ADMINISTRATOR WRITTEN TEST PROCTOR (WTP) IDAHO
CONFIDENTIALITY/NONDISCLOSURE AGREEMENT ID Form 1511 IF**

I acknowledge the confidential nature of the facility administrator competency examinations, the materials for the written examinations and the processes, procedures and content of the written examination. I agree to safeguard the confidentiality of all information about the facility administrator competency examinations. I will not disclose any portion of the examinations materials. I will not disclose the content of the examinations and I will not disclose the processes or procedures necessary to administer or pass the examinations. These include, but are not limited to, allowing unauthorized persons to hear, view, videotape, or otherwise gain any knowledge about the exam before, during, or after the administrations 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 it will immediately render this agreement null and void as well as subject me to prosecution to the full extent of the law and/or a \$100,000 breach of services fine. I agree to report any known or suspected breach in security relative to any facility administrator competency examination by calling the D&SDT home office at (800) 393-8664. As a written test proctor I will not be involved in the testing of coworkers, subordinates, family members or close personal friends, except in emergency situations as provided for in the Idaho Guidelines. In addition, WTPs must abide by the Written Test Proctor Instructions established by D & S Diversified Technologies and the Idaho Bureau of Occupational Licenses. Final determination of approval of a WTP rests with D&S DT and the Bureau of Occupational Licenses.

WRITTEN TEST PROCTOR PERSONAL INFORMATION

Last Name _____	First Name _____	Middle _____
Social Security Number _____ - _____ - _____	Email _____	
Address _____	City _____	State _____ Zip _____
Home Phone (____) _____ - _____	Work Phone (____) _____ - _____	Cell Phone (____) _____ - _____
Written Test Proctor Signature _____		Date ____/____/____

WRITTEN TEST PROCTOR TRAINING AFFIDAVIT

I hereby swear that I have read, understood and agree to abide by the ID guidelines and the Written Test Proctor Guidelines and will abide by subsequent updates and changes to them.	
Written Test Proctor Signature _____	Date ____/____/____