

TEST SITE AGREEMENT

FACILITY INFORMATION

Facility _____ email _____
Address _____ City _____ State _____ Zip _____
Phone number (_____) _____ - _____ Fax number (_____) _____ - _____

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

FLEXIBLE TEST SITE will comply with the following guidelines:

1. We will not submit or schedule more candidates than the number of WEBETEST® computers that we have available per test event.
2. We will complete and mail or fax this **FORM 1502MT-CMA** to HEADMASTER.
3. We will supply a HEADMASTER approved area for testing CMA candidates on the Written Tests. The written test area may be used for up to 2hrs on testing day.
4. We will use only HEADMASTER certified CMA written test proctors to administer tests to our MA candidates.
5. We apply to the Montana Board of Nursing for CMA testing for candidates who complete our Board of Nursing approved CMA training course.
6. We will assume all liability for test Candidates testing in our facility.
7. We agree to unannounced visits by the Montana Board of Nursing and/or HEADMASTER for the purpose of observing tests in progress.

FIXED TEST SITE will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER certified, independently contracted, Written Test Proctors (WTP) to administer Medication Aide written tests. The area will be free from distractions for up to two hours on testing days.
2. We will complete and mail or fax this **FORM 1502MT-CMA** to HEADMASTER.
3. We will mutually agree to schedule test dates up to sixteen weeks in advance or schedule site selected test dates in mutual agreement with HEADMASTER.
4. We will notify HEADMASTER of the number of working WEBETEST® computers prior to each scheduled test date.
5. We agree to unannounced visits by the Montana Board of Nursing and/or HEADMASTER for the purpose of observing tests in progress.
6. On testing days, we will allow a 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. HEADMASTER assumes no liability for WTP and Candidates.

SIGNATURE

I certify that our site is under State of Montana sanctions and I read, understood, and will abide by the guidelines listed herein.

Site Administrator Signature _____ Date ____/____/____