



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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Innovative, quality technology solutions
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NEVADA MEDICATION AIDE-CERTIFIED
TESTING SITE EQUIPMENT LIST AND AFFIDAVIT - FORM 1503CV

This list MUST be accompanied by Form 1502CV (TEST SITES)

The Testing Site must include all of the materials necessary to properly administer any of the randomly selected skill tests. The RN Test Observer is required to review all of the Skill Tests they receive prior to administration and ensure that the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

EQUIPMENT PROVIDED BY TESTING SITE

- Internet connected computer(s) in Knowledge Test room
Internet connected computer or laptop in Skill Test room and/or internet access for RN Test Observer provided laptop
Long-term care bed with side rails, working bed brakes
Bedside stand
Over bed stand
Box of Kleenex
Wheelchair with working brakes and footrest
Water pitcher
Drug Reference Book
Hand washing sink with running water, liquid soap, & paper towels all in close proximity to skill test room
Wastebasket
Wall Clock
Call light—doesn't have to be a working call light
Holding area (hallway, lounge, classroom, etc. where candidates can wait)

ADDITIONAL EQUIPMENT PROVIDED BY TEST SITE OR RN TEST OBSERVER

- RN Test Observer may provide own laptop for Skill Test room (site needs to provide internet access)
Two digital egg timers
Stocked locking medication box (PROVIDED BY RN TEST OBSERVER)
Disposable cups or cup for Actor to drink from
Black pens for M.A.R. recording

Testing Sites and RN Test Observers may mutually agree to a different mix of equipment distribution and a Test Observer may use his/her consumable supplies reimbursement to purchase consumables from the Test Site, depending on mutual agreement with the Test Site staff. Please call HEADMASTER - D&S DIVERSIFIED TECHNOLOGIES toll free at 1-800-393-8664 if we can be of assistance regarding these issues.

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 HEADMASTER - D&S DIVERSIFIED TECHNOLOGIES certified RN Test Observers (independent contractors) for the purpose of administering MA-C knowledge and skill tests to Medication Aide-Certified candidates at our site.

Test Site Approving Administrator Signature: _____ Date: ____/____/____

Title: _____ Email Address: _____

For Certifying RN Test Observers:

RN Test Observer Signature: _____ Date: ____/____/____