

D&S Diversified Technologies LLP (D&S DT)

dba HEADMASTER

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PROVIDING Medication Aide (MA) TESTING SOLUTIONS THROUGHOUT the United States

TESTING SITE AGREEMENT form 1502 OM

This agreement MUST be accompanied by **Form 1503 OM**

Facility Name: _____ Phone: (____) _____ - _____

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

hereinafter known as the Testing Site, will allow MA Written and Skill 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 Observer.
2. We will complete and mail or fax this **Form 1502 OM and Form 1503 OM** to D&S Diversified Technologies.
3. We will supply D&S DIVERSIFIED TECHNOLOGIES an approved area for testing MA candidates on the Written and Skill Tests. The written test area and the skill test area may be used for up to 9 hours on test day.
4. We will contact an Observer on the D&S Diversified Technologies approved Observer 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 OM** and **Form 1402 OM** (or the online equivalents) to apply for tests for Candidates who complete our Ohio 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 Ohio 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, Observer (TO) and two additional person testing team to administer Written and Skill 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 OM and Form 1503 OM** 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 Ohio 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 TO, their Actor, 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 Ohio Board of Nursing assumes any liability for independently contracted Observers, their Actors, WTPs, or Candidates.

I certify that our site is under no Ohio 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 _____