

D&S DIVERSIFIED TECHNOLOGIES

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PROVIDING XRAY TESTING SOLUTIONS for OHIO

D&S DIVERSIFIED TECHNOLOGIES X-RAY KNOWLEDGE TEST PROCTOR Form 1501 OX CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

This agreement MUST be accompanied by **Form 1505 OX**

I acknowledge the confidential nature of the X-Ray Operator competency examination. This includes the materials, processes, procedures and content of the knowledge examination. I agree to safeguard the confidentiality of all information about the X-Ray Operator competency examination. I will not disclose any portion of the examination materials and I will not disclose the processes or procedures necessary to administer or pass the examination nor will I disclose any examination results with instructors or administrators of any training program.

If I am a KTP, I will not test or be involved in testing my own students, family members, close personal friends or candidates trained within a corporate entity or organization that employs me.

If I am a knowledge test proctor, I will not be involved in the testing of family members or close personal friends, except in emergency situations as provided for in the Ohio Guidelines. Also, **I UNDERSTAND THAT AS A KNOWLEDGE TEST PROCTOR, I WILL NOT BE PERMITTED TO APPLY AND TAKE THE OHIO X-RAY OPERATOR TEST FOR 6 MONTHS FROM THE DATE THAT I WAS LAST USED AS A KNOWLEDGE TEST PROCTOR.**

This agreement extends to and includes, but is not limited to, allowing unauthorized persons to hear, view, videotape, or otherwise gains any knowledge about the exam before, during, or after the administration 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 could place my nursing license at risk and/or be subject to prosecution to the full extent of the law and/or a \$100,000 fine. I agree to report any known or suspected breach in security relative to the X-Ray Operator competency examination by calling the D&SDT home office at (800) 393-8664.

Knowledge Test Proctor Name (Print Clearly or Type)

Social Security #

Knowledge Test Proctor Address, City, State, Zip

(_____)_____
Phone #

Knowledge Test Proctor Signature

Email: _____

Date: _____