



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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*Innovative, quality technology solutions
throughout the United States since 1985.*

OKLAHOMA MEDICATION AIDE

**HEADMASTER – RN TEST OBSERVER / KNOWLEDGE TEST PROCTOR (KTP)
CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT**

This agreement **MUST** be accompanied by **Form 1515KM**

I acknowledge the confidential nature of the medication aide 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 Oklahoma medication aide 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.

If I am a RN Test Observer/Knowledge Test Proctor in Oklahoma, I will not administer tests to medication aide candidates with whom I have had a prior personal or business association or to my own students, family or close personal friends.

I understand, as a knowledge test proctor, I will not be able to apply to take the Oklahoma medication aide examination for twelve months from the date that I last worked as a knowledge test proctor helping test medication aide candidates in Oklahoma. I also understand that if I am a Director of Nursing I am ineligible to be a knowledge test proctor.

This agreement extends to and includes, but is not limited to, allowing any unauthorized person to hear, view, videotape, or otherwise gain any knowledge about the exam or the exam processes and procedures before, during, or after the administration of any exam.

I recognize that disclosing or revealing or allowing any information to be disclosed or revealed constitutes a violation of this agreement and I could be subject to prosecution to the full extent of the law and/or incur a \$100,000 breach of confidentiality fine. I agree to report any known or suspected breach in security relative to the medication aide competency examination in Oklahoma by immediately calling the HEADMASTER home office at (800) 393-8664 or be considered as a party to the breach and treated as if I made the breach myself.

Knowledge Test Proctor Name (Print Clearly or Type)

Social Security #

Knowledge Test Proctor Address, City, State, Zip

(_____)_____
Phone #

Knowledge Test Proctor Signature

Date

RN Test Observer Name (Print Clearly or Type)

Social Security #

RN Test Observer Address, City, State, Zip

(_____)_____
Phone #

RN Test Observer Signature

Date