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

RN Test Observer / Knowledge Test Proctor/ Actor Confidentiality/Nondisclosure Agreement - FORM 1501 IC

This agreement MUST be accompanied by *Form 1505 IC or Form 1511 IC*

This form must be completed and signed by new Actors and/or Knowledge Test Proctors who assist with testing.

I acknowledge the confidential nature of the nursing assistant competency examination. This includes the materials, processes, procedures and content of both the knowledge and manual skills portions of the examination. I agree to safeguard the confidentiality of all information about the nursing assistant 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 facility or program.

If I am an RN Test Observer, I will not test or be involved in testing students I have trained, family members, close personal friends or candidates trained within a corporate entity or organization that employs me.

If I am a knowledge test proctor (KTP) or an actor, I will not be involved in the testing of family members or close personal friends, except in emergency situations as provided for in the D&SDT-HEADMASTER and any State Guidelines. Also, **I understand that as an actor or knowledge test proctor, I will not be permitted to apply and take the State nurse aide test for 6 months (12 months in Oregon) from the date that I last worked as an actor or knowledge test proctor.**

This agreement extends to and includes, but is not limited to, allowing unauthorized persons to hear, view, videotape or otherwise gain 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 immediately report any known or suspected breach in security relative to the nurse aide competency examination by calling the D&SDT-HEADMASTER home office at (800)393-8664.

RN Test Observer's

Last Name:_____ First Name:_____ Middle Initial: _____

Address:_____ City:_____ State:_____ ZIP: _____

Phone #:_____ Email Address:_____ FEIN#: _____

Actor's

Last Name:_____ First Name:_____ Middle Initial: _____

Address:_____ City:_____ State:_____ ZIP:_____

Phone #:_____ Email Address: _____

Social Security #:_____ Date of Birth: _____

KTP's

Last Name:_____ First Name:_____ Middle Initial: _____

Address:_____ City:_____ State:_____ ZIP:_____

Phone #:_____ Email Address: _____

Social Security #:_____ Date of Birth: _____

_____ _____ _____

(RN TEST OBSERVER'S SIGNATURE) (ACTOR'S SIGNATURE) (KTP's SIGNATURE)

Date: _____