



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

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

**ARIZONA NURSING ASSISTANT – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES
NURSE AIDE OBSERVER / KNOWLEDGE TEST PROCTOR / ACTOR
CONFIDENTIALITY / NONDISCLOSURE AGREEMENT FORM 1501AZ**

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

This form must be completed and signed by new Actor’s and/or Test Proctor’s when assisting 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.

If I am an RN Observer, 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 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 Arizona Guidelines. Also, **I UNDERSTAND THAT AS AN ACTOR OR KNOWLEDGE TEST PROCTOR, I WILL NOT BE PERMITTED TO APPLY AND TAKE THE ARIZONA NA TEST FOR 6 MONTHS FROM THE DATE THAT I WAS LAST USED 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 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 nursing assistant competency examination by calling the HEADMASTER/D&S Diversified Technologies home office at (800) 393-8664.

RN Observer Name (Print Clearly or Type) Social Security #

()

Observer Address, City and Zip Phone #

Actor Name (Print Clearly or Type) Social Security #

()

Actor Address, City, State, Zip Phone #

Knowledge Test Proctor Name (Print Clearly or Type) Social Security #

()

Knowledge Test Proctor Address, City, State, Zip Phone #

RN Test Observer Signature Actor Signature Knowledge Test Proctor Signature

Date:_____