

HEADMASTER LLP

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MONTANA NURSING ASSISTANT - HEADMASTER NURSE AIDE RN TEST OBSERVER/PROCTOR AGREEMENT - FORM 1505MT

(Form 1500MT, 1501MT and 1503MT are part of and MUST accompany this agreement)

Parties: This agreement is entered into this	day of		, 20	_ by and between
RN Applicant Name:		SS#		of
Home Address:				
Phone Numbers:				
Hereinafter referred to as the TO (Test Observer/Proctor) and Nurse Aide Knowledge/Oral and/or Skill Tests at sites and da				ing Headmaster
Obligation: The TO must be a Montana (MT) licensed RI expense by an approved Montana Department of Health an Independent Contractor Exemption Certificate (ICEC), the T dollars and twenty five cents (\$5.25) for each knowledge test dollars and seventy-five cents (\$6.75) for each skill test addressing. TO's with an ICEC will also receive thirty dollars (\$3 with MT DPHHS/Headmaster regulations. TO's with an ICE minutes of Headmaster staff time required to correct errors event is cause for a late test submission penalty of \$30.00/c receipt of ALL testing materials, including completion of the N tests will be submitted via the internet and paper test materials.	d Human Services (MT D O will be paid thirty dollar st satisfactorily administered ministered in which a profe 30.00) for each pre-approve EC who return incomplete or omissions. In addition, day and/or immediate can Nurse Aide Examiner's Re	PHHS)/Headmaster certificats (\$30.00) for each skill tested. Headmaster will further cassional actor is hired, certificed ADA accommodation test work may incur a penalty of failure to ship test materials cellation of this agreement.	on process. If satisfactorily a ompensate a do by the TO a that they admit fifteen dollars within 18 hours TO pay is issuan invoice for	the TO holds a MT dministered and five FO with an ICEC six and used during skill inister in accordance (\$15.00) per fifteen of a completed test ed within 30 days of payment. Electronic
TO/Independent Contractor: It is understood that the busin and as an independent contractor, the TO agrees to maintain services and the details of work, both under contract and in and in good working condition prior to the administration of eand exercise control in matters essential to specifying the benefits under Montana's Workers' Compensation Act. In compensation paid or make any payment on behalf of the p TO's agree to and expect unannounced periodic visits during and procedures of NA testing.	n an active ICEC and will fact. ALL TO's are respo examinations. TO's agree end result. TO's with an n addition, under the terr ayments of federal, state	be free from control or direct nsible for ensuring that neces Headmaster/MT DPHHS will ICEC understand that while ns of this agreement, Head and municipal taxes or any ir	on over the pe sary testing ed only be permit testing for hire master shall n surance or reti	rformance of his/her quipment is available ted to offer direction s (he) is waiving all ot deduct from any irement benefits. Al
Non-Disclosure/Conflicts of Interest: TO's acknowledge to the materials, processes, procedures and content of both the confidentiality of all information pertaining to the Montana Norcedures necessary to administer or pass the examination remain consistent, impartial and unbiased during test administrations.	le knowledge and manual NACE and will not disclos I. The TO agrees s(he) will	skills portions of the examina e any portion of the examina not test family members or p	ation. TO's ag ation materials personal friends	ree to safeguard the or the processes on s. The TO agrees to
Non-Discrimination: In accordance with State and Federal this agreement shall not discriminate against any person(s) beliefs, marital status, mental or physical handicap, or ancest	on the basis of race, relig	ious creed, color, sex, natior	al origin, age,	
Modifications: This document contains the entire agreem transferred or subcontracted, except upon written agreemen either party, which are not contained in the written contract, so	t signed by all parties to th			
<u>Termination:</u> The term of this agreement is for two years from 30 days written notice to the other party, except for immediate attachments and extensions of this contract.	om the date of the signing e termination in the case o	of this contract or either party f nonperformance of any act o	may terminate or activity conta	this agreement with tined herein or within
<u>Liability</u> : Headmaster assumes no liability for test candidate from negligence or any other act or action will be borne by the		nowledge Test Proctors, or T	O's and any an	d all claims resulting
I hereby acknowledge and agree with the terms and condition	ns of this agreement:			
TO Signature:			Date:/_	/
Headmaster Signature:		C	ate:/_	/
Headmaster use only: TO ID# assigned:	by			