



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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Innovative, quality technology solutions
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NEVADA NURSING ASSISTANT
TEST SITE AGREEMENT - FORM 1502NV

This agreement MUST be accompanied by Test Site Equipment List Affidavit -Form 1503NV

Facility Name: _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

hereinafter known as the Testing Site, will allow Nursing Assistant Knowledge and Skill Tests to be administered at our facility, under the following guidelines.

As a FLEXIBLE In-Facility & Regional Test Site we agree to:

- 1. Submit NO more than sixteen Candidates per testing date (and no less than six) per RN Test Observer.
2. Complete and mail, fax or send an image of this Test Site Agreement Form 1502NV and Test Site Equipment List Affidavit Form 1503NV to Headmaster LLP.
3. Supply an approved area for testing NA candidates on the Knowledge and Skill Tests.
4. Create test events in WebETest@TMU including contacting a certified RN test observer who will commit their test team to the test event created.
5. Use WebETest@TMU to schedule test seats for our own Candidates who complete our NSBN approved Nursing Assistant training course.
6. Assume all liability for our Candidates tested in our facility because they are our employees or trainees.
7. Unannounced visits by the Nevada State Board of Nursing and HEADMASTER LLP staff for the purpose of observing tests in progress.
8. Allow test slots we do reserve for our own candidates at least 5 business days prior to a scheduled test event to be used by candidates at large.
9. Schedule additional mutually agreed upon test dates with Headmaster LLP as far in advance as possible, sufficient to meet needed testing demand in our area.
10. Allow an independently contracted RN Test Observer, their Actor, Knowledge Test Proctor (KTP), our own trained Candidates as well as at large test Candidates admittance to our approved Test Site.

As a CLOSED In-Facility Schedule Test Site we agree to:

- 1. Supply an area to be used by a HEADMASTER LLP certified, independently contracted, RN Test Observer and team for the purpose of administering Knowledge and Skill tests for up to sixteen Candidates per day per RN Test Observer.
2. Complete and mail, fax or send an image of this Test Site Agreement Form 1502NV and Test Site Equipment List Affidavit Form 1503NV to Headmaster LLP.
3. Create test events in WebETest@TMU including contacting a certified RN test observer who will commit their test team to the test event created.
4. Unannounced visits by the Nevada State Board of Nursing and HEADMASTER LLP staff for the purpose of observing tests in progress.
5. Allow, on testing days, an independently contracted RN Test Observer, their Actor, Knowledge Test Proctor (KTP) and our own test Candidates admittance to our approved Test Site.

PHOTOGRAPHING OR VIDEOTAPING TEST EVENTS

- As a certification test vendor, Headmaster LLP must ensure the security of knowledge and skill test items and proprietary test delivery software.
Certification test events are expected to be conducted in a distraction free environment with a high degree of personal privacy.
To host certification test events for test candidates, you agree that no electronic recording devices will be used to record sound or video of actual test candidates, test events or any part of test administration.

I CERTIFY THAT OUR SITE IS UNDER NO AUTHORITATIVE SANCTIONS AND I HAVE READ, UNDERSTOOD AND WILL ABIDE BY ALL GUIDELINES LISTED.

Site Administrator Signature: _____ Date: ____/____/____

Contact Phone Number: _____ Fax #: _____

Print designated contact person: _____ Email: _____

HEADMASTER LLP/D&S DT use ONLY: Site #: _____ Assigned on ____/____/____ by _____ Confirmation letter emailed: ____/____/____