

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.

NEVADA NURSING ASSISTANT

TEST OBSERVER INDEPENDENT CONTRACTOR AGREEMENT -- FORM 1505NV

Form 1500NV, 1501NV are part of and MUST accompany this agreement					
Parties: This agreement is entered into this day of	, 20	by and betwe	en:		
RN Applicant Name:		•		of	
Home Address:			State:	Zip:	
Phone Numbers:	Email:				
nereinafter referred to as the TO (Test observer) and employer ID# 81-0433262) for the purpose of administer and dates mutually agreed to with approved test sites.					
Obligation: The TO will be paid for each test event the consumable supplies, travel to and from events, Actor a personally administering each skill test. Active TOs will be event the TO contracts to manage, up to a maximum of administered during a test event for the first year. Active during his/her second and subsequent active years of more the TO and his/her testing team members and is everhead expenses. Observers selected and that agreementored in accordance with HEADMASTER/D&S DT additional twenty dollars (\$20.00) for each pre-approved DT and NSBN directions and comply with all ADA state approved HEADMASTER LLP/D&S DT and Nevada State esting packet (printed materials or WebETest©/TMU© in the presence of the property of the presence of t	and Knowledge Test Probe compensated forty threstaten (16) candidates properties will be compensated anaging agreed upon tests funded out of the compensated and NSBN approved Meand NSBN approved Meandards. The Observer in the Board of Nursing reconformation) that is not compensately to prevent further cation of this agreement.	octor (KTP) trained and the control of the control	ning, certification (200) for each capen dollars (\$7.0) and KTP compers each test compers each procedure is and procedure and yearly, at his pess or procedure by will be charge. The Observer was the compers each procedure and procedure and procedure and yearly, at his pess or procedure and yearly and procedure and yearly and procedure and yearly and procedure and yearly will be charge.	n and supervision and date skill tested (00) for each Known (00) per skill test acconsation is to be acconent as well as a conent as well as a collars (\$75.00) per skill the skill that the skill test and skill that the skill that t	as well as ed at a test viedge Test dministered greed upon all other TO er Observer receive an STER/D&S nse, by an return any ars (\$25.00) the specific ng them the
Payment for a test event managed will be made to (WebETest©/TMU© or paper), including proper completion					
Independent Contractor: It is understood and agreed contractor under the terms of this agreement, HEADMAS chehalf of the TO for any federal, state or municipal taxes that may be provided and retirement benefits. Further, the TO acl compensation claims under the terms of this agreement Events in progress, by either HEADMASTER/D&S DT of The TO will mutually agree to test dates with NSBN appropriates, will supply his/her own equipment, tools, supplied testing services to the general public for any testing work and the supplied that the supplied testing services to the general public for any testing work and the supplied that the supplied testing services to the general public for any testing work and the supplied testing services to the general public for any testing work and the supplied that the supplied testing the s	STER/D&S DT shall not do so or any insurance or really be required on any continuous that as an ant. The TO also agrees for the NSBN, for the purporoved test sites, will pay and travel expenses, me at least three events per they desire.	deduct from any etirement programmensation par independent or to and expects cose of improving for yearly recently record and the er year) and the	compensation parm. The TO will id under this agontractor, there, unannounced by NA testing NV NA testing entification per N number of test et TO and his/her to	aid or make any p be solely respon- reement and will is NO eligibility for periodic reviews of processes and p SBN approved re- events scheduled p esting team(s) ma	payment on sible for all provide for or workers' during Test procedures. certification per year (to y offer their
Conflict of Interest: The Observer understands that s(lasks or in a clinical setting. Observers may not test hampartial and unbiased during the administration of a Netesting and skill training role, if s(he) is also a NA skill training role, if s(he) is a science role, i	is/her own family member evada NA test and must	ers or personal	friends. Observ	ers must remain	consistent,
Non-Discrimination: It is agreed that all persons with reagainst any person(s) on the basis of race, religious creed by the basical handicap or ancestry during any activities performs.	d, color, sex, national orig	gin, age, politica			
Modifications: This document contains the entire agassigned, transferred or subcontracted except upon wrinducements made by either party, which are not contained.	tten agreement signed bed or referenced in this w	y all parties to ritten contract,	this agreement. shall be valid or b	No statement, poinding.	promises or
Termination: Either party may terminate this agreement case of nonperformance of any act or activity contained h		ce to the other	party, except for	immediate termin	ation in the
Liability: When administering skills tests, no facility HEADMASTER/D&S DT nor NSBN assume any liability resulting from negligence or any other act or action will bagree with the terms and conditions of this agreement.	residents or test cand y for test candidates, tes	st subjects, acto	ors or RN Obser	vers and any and	d all claims
TO Signature:		Da	te:/		
HEADMASTER LLP/D&S DT use ONLY: TO ID # assigned:		on	//	by	