



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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

OREGON – FORM 1502OR

TEST SITE AGREEMENT FOR OREGON NURSING ASSISTANT CERTIFICATION TESTING

This agreement MUST be accompanied by **Form 1503 OR**

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

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

hereinafter known as the Testing Site, will allow NA written and skill tests to be administered at our facility, under the following guidelines for **FIXED and/or FLEXIBLE** testing schedules. (You may sign up to be both.)

As a FLEXIBLE Schedule Test Site (In Facility – only test candidates trained in your program) we will comply with the following guidelines:

1. NO more than fourteen candidate applications may be submitted per testing date (two test groups/flights) per RN test observer per day as agreed to with the RN test observer.
2. We will complete and mail or fax this **Form 1502 OR and Form 1503 OR** to HEADMASTER.
3. We will supply a written test area, skill lab and holding area to be used by a HEADMASTER certified, independently contracted, RN test observer (TO) to administer written and skill tests for up to but no more than seven candidates per test group (flight) up to twice per test day. The test area will be kept free from distractions for up to nine hours on testing days.
4. We will contact an RN test observer on the HEADMASTER /OSBN approved observer list and mutually agree to a test date and number of candidates to be tested. We will then **IMMEDIATELY** contact (phone, fax or email) HEADMASTER and inform them of the scheduled test date.
5. We will use the TestMasterUniverse (TMU)© registration software to apply for tests for candidates who complete the OSBN approved NA training course.
6. We will assume all liability for any candidate tested in our facility that is our employee or trainee.
7. On testing days, we will allow an independently contracted TO, his/her actor, written test proctor (WTP), and test candidates admittance to our designated test site. We will hold them accountable for damage, theft or any other act or action harmful to the facility in any way. HEADMASTER / OSBN assume no liability for independently contracted RN Test Observers, his/her actors, WTPs or the test candidates.
8. We agree to unannounced visits by Oregon Board of Nursing staff and/or HEADMASTER staff to observe testing in progress for quality assurance purposes.

As a FIXED Schedule Test Site (Regional – test event open to candidates trained in any program) we will comply with the following guidelines:

1. We will supply a written test area, skill lab and holding area to be used by a HEADMASTER certified, independently contracted, RN test observer (TO) to administer written and skill tests for up to but no more than seven candidates per test group (flight) up to twice per test day. The test area will be kept free from distractions for up to nine hours on testing days.
2. We will complete and mail or fax this **Form 1502 OR and Form 1503 OR** to HEADMASTER.
3. We will agree to schedule test dates up to fifty-two weeks in advance in mutual agreement with HEADMASTER.
4. We agree to unannounced visits by Oregon Board of Nursing staff and/or HEADMASTER staff to observe testing in progress for quality assurance purposes.
5. On testing days, we will allow an independently contracted TO, his/her actor, written test proctor (WTP), and test candidates admittance to our designated test site. We will hold them accountable for damage, theft or any other act or action harmful to the facility in any way. HEADMASTER / OSBN assume no liability for independently contracted RN Test Observers, his/her actors, WTPs or the test candidates.

I certify that our test site is under no Oregon sanctions and I have read, understood and will abide by the all guidelines listed.

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

Contact Phone Number: _____ Email: _____

Print designated contact person: _____

HEADMASTER use ONLY: Site #: _____ assigned on ____/____/____ by _____