



OREGON - FORM 1503OR

TESTING SITE AND RN TEST OBSERVER EQUIPMENT LIST AND AFFIDAVIT

This form MUST be accompanied by either Form 1505OR (observer) or 1502OR (test site)

The testing site must have all of the materials necessary for RN test observers to properly administer any of the Oregon approved, randomly selected, skill tasks. The RN observer is required to review all of the skill tests they receive prior to administration and insure that the proper test site equipment is available prior to testing. Please refer to the following list for test equipment and supply requirements.

Equipment Provided by Testing Site

- Bedpans - 1 Standard and 1 Fracture Pan
Bedside stand
Call bell (doesn't have to be a working call bell)
Dentures, denture container
Foley catheter
Food tray, plate, silverware
Gait belts
Graduate
Hand Sanitizer
Hand washing sink with warm running water, soap (liquid, foam or bar) (no rinse soaps are not allowed), and paper towels (sink cannot be used for dirty water disposal)
Toilet or Commode
Laundry receptacle
Linens including: bedspread, blanket (top linens), fitted sheets, flat sheets, pillows (4), pillow cases, bath blanket, clothing protector, incontinence pads, towels, washcloths, and resident gown (tie type, no snap gowns)
Long term care bed with working brakes, side rails, feet and head adjustment controls, and whole bed up/down controls (beds that when not in lowest position brakes are locked (legs) are not allowed, must have brakes that can be manually engaged)
Mannequin (anatomically correct peri area for both female and male)
Disposable adult briefs
Plastic garbage bags (for disposal of brief in garbage can)
Over bed stand
Teaching - (bi-aural) stethoscope and two sizes of blood pressure cuffs
Urinary bag
Walker
Wash basins, emesis basins
Wastebasket
Wheelchair with working brakes (foot rests off for testing)
Working privacy curtain(s) (Portable curtains not allowed)
Electronic Blood Pressure Monitor with Cuff (wrist models are not allowed)
Pulse Oximeter (finger type or vital signs monitor are both acceptable)
Clock in knowledge test room
Clock in skills lab - easily visible for skills testing (near or above bed)

RN Test Observer Provided Equipment and Consumables

- 2 Clear 240 ml glasses - 1 clear 120 cc juice glass
1 Clear 240 ml glass for Actor (feeding skill)
#2 pencils for paper knowledge test administration
Actor's toothbrush, toothpaste, toothettes and paper cup
Alcohol/antiseptic wipes
Headphones (for oral test administration on MP3 player or computer)
Digital oral thermometer and sheaths for probe
Disposable gloves
Disposable gowns
Emery boards-orange stick-nail file
Knee high anti-embolism elastic stocking that fits actor
Soap (liquid, foam or bar) (no rinse soaps are not allowed)
Lotion
Official data recording forms (post it pads provided by Headmaster) (template also available on website)
Over sized button-up shirt (either short or long sleeved is okay), sweat pants, easy to put on shoes and socks that fit over actor clothing
Pencils/pens and small clipboard for recording form and recordings
Pre-measured "urine" fluid amounts in unmarked containers (hint: use yellow food coloring in water) with a syringe to fill drainage bag
Sample food items, mandatory Client Diet Card & napkins (snack size container of applesauce, pudding etc.)
Tissues, toilet paper
Watch with a second hand
Two audible count-down timers (one for 15 minutes left warning and 1 for 45 minute time up warning) or a multiple setting timer
CELL PHONES ARE NOT ALLOWED AS TIMERS DURING TESTING!
Recommended to carry your own electronic blood pressure monitor with cuff and finger pulse oximeter as backup

ROOM REQUIREMENTS

- Distraction Free Skills Lab - for administration of skills exam (with all equipment and supplies listed available and in good working order)
Distraction Free Knowledge Test Room - for administration of the Knowledge Exam
Holding or Waiting Area - where candidates may wait to take the exam

- Test Sites: Checking this box means I am signing for and I am authorized to sign this form on behalf of the test site listed below.
RN Test Observers: Checking this box means I am or intend to become an active certified RN test observer in Oregon and I will provide the consumable supplies and equipment necessary as listed in the RN test observer section above whenever I test candidates at an approved test site.

Test Site Affidavit: I hereby certify that:

Facility Name: Phone: ( ) -

Contact Person's Name: Email:

Address: City: State: Zip:

has and will provide the test site equipment listed above, that we will keep the equipment in good working condition, and we will make the equipment available to HEADMASTER, LLP certified RN test observers during test events at this site.

Site Administrator Signature: Date: / /

RN Observer Affidavit:

I am an Oregon certified RN test observer and I will bring and provide the supplies and equipment required, as listed above in the RN observer section, for test events at test sites where I agree to provide consistent, unbiased, testing oversight and administration.

Test Observer Signature: Date: / /