



D&S Diversified Technologies LLP

Headmaster LLP

D&SDT - HEADMASTER LLP

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

**WISCONSIN NURSE AIDE
TEST SITE AGREEMENT – FORM 1502WI**

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

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

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

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

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

1. Submit NO more than eighteen skill test candidates per testing date (and no less than five per four hour flight) per RN Test Observer. (Most RN Test Observers will desire fewer than 18 candidates per test event and will want at least five to assemble their testing team.)
2. Complete and Docu-sign, mail, fax or send an image of this Test Site Agreement **Form 1502WI** and Test Site Equipment List Affidavit **Form 1503WI** to D&SDT-HEADMASTER LLP for approval.
3. Supply an approved area for testing nurse aide (NA) candidates on the Knowledge and Skill Tests. The knowledge test area and the skill test area may be used for up to 9 hours on test day when accommodating an overbooked two flight test event.
4. Create test events in **TMU** including linking a certified RN Test Observer who has committed his/her testing team to the test event for the date created.
5. Use **TMU** to schedule test seats for our own candidates who complete a Wisconsin Department of Health Services (WDHS) approved Nurse Aide training course. (Link to **TMU** at www.hdmaster.com)
6. Assume all liability for our candidates tested in our facility because they are our employees or trainees.
7. Unannounced visits by the WDHS and D&SDT-HEADMASTER LLP staff for the purpose of observing tests in progress.
8. Allow unfilled test slots/seats reserved for our own candidates to be used by candidates at large, inside 48 business hours prior to a scheduled test flight.
9. Schedule additional mutually agreed upon test dates with D&SDT-HEADMASTER LLP as far in advance as possible, to help meet over all testing demand in our area. D&SDT-HEADMASTER LLP staff will contact and schedule the test teams for any Regional events we allow to be held in our facility.
10. Allow an independently contracted RN Test Observer, his/her Actor, Knowledge Test Proctor (KTP), our own trained candidates as well as at large test candidates admittance to our approved Test Site. Candidates will be held accountable for damage, theft or any other act or action harmful to the facility in any way. Neither D&SDT-HEADMASTER LLP nor the WDHS assumes any liability for independently contracted RN Test Observers, their Actors, KTPs or any test candidates.

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

1. Supply an area to be used by a D&SDT-HEADMASTER LLP certified, independently contracted, RN Test Observer and team for the purpose of administering Knowledge and Skill tests for up to eighteen candidates per day per RN Test Observer. (Most RN Test Observers usually desire a lower upper limit for their test events.) The area(s) will be free from distractions for up to nine hours on testing days. Tests will only be for our own candidates and we will not release empty seats to at large candidates. We will pay a minimum fee to schedule a closed event equal to at least 6 candidates at the regular price, no matter how many fewer we test. Each additional candidate tested at a closed testing event over 6 candidates (up to the RN Test Observer's limit) will be at the regular price per each additional test component. (6 candidates for both the knowledge and skill test components would equal a minimum advance deposit of \$750 [nonrefundable] to schedule a closed test event.)
2. Complete and mail, fax or send an image of this Test Site Agreement **Form 1502WI** and Test Site Equipment List Affidavit **Form 1503WI** to D&SDT-HEADMASTER LLP.
3. Create test events in **TMU** including linking a certified RN Test Observer who has committed his/her test team to the test event created.
4. Unannounced visits by the Wisconsin Department of Health Services and D&SDT-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. We will hold them accountable for damage, theft or any other act or action harmful to the facility in any way. Neither D&SDT-HEADMASTER LLP nor the WDHS assumes any liability for independently contracted RN Test Observers, their Actors, KTPs or any test candidate.

PHOTOGRAPHING OR VIDEOTAPING TEST EVENTS

- As a certification test vendor, D&SDT-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. Photographing, videotaping, recording via security or surveillance cameras or any other device while any D&SDT-HEADMASTER LLP knowledge or skill testing is being conducted is expressly prohibited unless advance written permission has been granted by D&SDT-HEADMASTER LLP and the Wisconsin DHS.
- 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. You agree that to allow recording of certification testing events in progress without the express written consent of D&SDT-HEADMASTER LLP and the WDHS may result in the loss of your test site approval and/or training program approval and may subject you to prosecution by all affected parties to the full extent of the law.

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

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

Contact Phone Number: _____ Fax #: _____

Print designated contact person: _____ Email: _____

D&SDT-HEADMASTER use ONLY: Assigned on ____/____/____ by _____ Confirmation emailed: ____/____/____