



ARIZONA LPN/RN REFRESHER – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES TESTING SITE AGREEMENT FORM 1502RE

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

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

hereinafter known as the Testing Site, will allow Arizona LPN/RN Refresher TMU© Knowledge Tests to be administered at our facility, under the following guidelines:

As a FIXED Schedule Test Site (Regional) we will comply with the following guidelines:

1. We will supply an area and internet-connected computers to be used by a Headmaster-D&S DIVERSIFIED TECHNOLOGIES (D&SDT) certified Knowledge Test Proctor (KTP) to administer TMU© knowledge tests for up to but no more than the predetermined and agreed upon capacity of our test site. The area will be free from distractions for up to forty-five minutes during each testing session.
2. We will complete and mail or fax this **Form 1502RE** to Headmaster-D&SDT. (Must be received before first test event.)
3. We will mutually agree to schedule test dates up to fifty-two weeks in advance and or other test dates in mutual agreement with Headmaster-D&SDT.
4. We agree to unannounced visits by the Arizona LPN/RN Refresher State Oversight staff and/or Headmaster-D&SDT staff for the purpose of observing tests in progress.
5. On mutually agreed upon testing days we will:
 - a) Provide a certified KTP staff member to administer the Arizona LPN/RN Refresher TMU© Knowledge Test to Test Candidates that we will allow admittance to our designated Test Site.
 - b) Allow a certified KTP and Test Candidates admittance to our designated Test Site.

We will hold KTP's and/or test candidates accountable for damage, theft or any other act or action harmful to the facility in any way. Headmaster-D&SDT assumes no liability for independently contracted KTPs or Test Candidates.
6. We have included accurate directions and/or a map to our testing site with this application.

I certify that our site is under no Arizona LPN/RN Refresher Testing sanctions and I have read, understood and will abide by the guidelines listed herein.

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

Contact Phone Number: _____ Email: _____

Print designated contact person: _____

Headmaster-D&SDT use ONLY: assigned on ____/____/____ by _____