



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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

**ARIZONA MEDICATION ASSISTANT  
TESTING SITE EQUIPMENT LIST AND AFFIDAVIT - FORM 1503AM**

This list MUST be accompanied by *Form 1502AM (TEST SITES)*

The Testing Site must include all of the materials necessary to properly administer any of the randomly selected skill tests. The RN Observer is required to review all of the Skill Tests they receive prior to administration and ensure that the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

**EQUIPMENT PROVIDED BY TESTING SITE**

- Long-term care bed with side rails, working bed brakes
- Bedside stand
- Over bed stand
- Wheelchair with working brakes and footrest
- Water Pitcher
- Ice container with scoop
- Ice or Marbles
- Box of Kleenex
- Teaching stethoscope
- Hand washing sink with running water, liquid soap, & paper towels all in close proximity to skill test room
- Wastebasket
- Wall Clock
- Privacy Curtain (Must be overhead rail, pull type with minimum 4' of rail)
- Call light—doesn't have to be a working call light

**ADDITIONAL EQUIPMENT PROVIDED BY RN OBSERVER AND/OR TEST SITE**

- Stocked locking medication box (provided by RN Test Observer)
- Disposable cups or cup for Actor to drink from
- Two digital egg timers
- Black pens for M.A.R. recording
- #2 Pencils for paper written test administration

Testing Sites and RN Observers may mutually agree to a different mix of equipment distribution and a Test Observer may use his/her consumable supplies reimbursement to purchase consumables from the Test Site, depending on mutual agreement with the Test Site staff. Please call HEADMASTER toll free at 1-800-393-8664 if we can be of assistance regarding these issues.

**Site Affidavit:**

I hereby certify that:

Facility Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

has the equipment listed herein and we will make the equipment available to HEADMASTER certified RN Observers (independent contractors) for the purpose of administering MA knowledge and skill tests to medication assistant candidates at our site.

Test Site Approving Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**For Certifying Testers:**

RN Test Observer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_