HEADMASTER LLP
P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
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KNOWLEDGE TEST PROCTOR (KTP) CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

FORM 1501 MT-MA

This agreement MUST be accompanied by Forms 1500 MT-MA AND 1515 MT-MA

I acknowledge the confidential nature of the Montana Medication Aide competency examination, the materials for the examination and the processes, procedures and content of the examination. I agree to safeguard the confidentiality of all information about the Montana Medication Aide competency examination. I will not disclose any portion of the examination materials. I will not disclose the content of the examination and I will not disclose the processes or procedures necessary to administer or pass the examination.

If I am a Knowledge Test Proctor (KTP) I will not test or be involved in testing my own students, family members or close personal friends or candidates trained within a corporate entity or by organizations that employ me.

This agreement includes, but is not limited to, allowing unauthorized persons to hear, view, videotape, or allowing anyone to otherwise gain any knowledge about the exam before, during, or after the administration of an exam.

I recognize that disclosing or revealing or allowing this information to be disclosed or revealed constitutes a violation of this agreement and could place my KTP Certification at risk and/or be subject to prosecution to the full extent of the law and/or a $100,000 fine. I agree to report any known or suspected breach in security relative to the Montana Medication Aide competency examination by calling the HEADMASTER home office at (800) 393-8664.

Name (Last) _____ (First) _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____ - _____

Signature: _____ Date: _____/_____/_____