

D&S DIVERSIFIED TECHNOLOGIES (D&SDT), LLP - HEADMASTER, LLP

MT Office: P.O. Box 6609 | Helena, MT 59604-6609
OH Office: P.O. Box 418 | Findlay, OH 45839

(800)393-8664 | (877)851-2355 | (888)401-0462 | Fax: (406)442-3357 <u>hdmaster@hdmaster.com</u> | Website: <u>www.hdmaster.com</u> Innovative, quality technology solutions throughout the United States since 1985.

Test Administration Services Entity (TASE)

TEST ADMINISTRATION SERVICES AGREEMENT TASE FORM 1505 | OHIO LEAD ABATEMENT TESTING AND CERTIFICATION

PARTIES

HIRING AGENT: D&S Diversified Technologies, LLP and/or HEADMASTER, LLP (COMPANY)

P.O. Box 6609

Helena, MT 59604-6609

Phone #: (888)401-0462 | Fax: (406)442-3357

Email: hdmaster@hdmaster.com Website: www.hdmaster.com

TESTING SERVICES BUSINESS NAME:			(TASE)	
FEIN:	Secretary of State ID#:			
Contact Name:	Telephone #:			
Address:	City:	State:	ZIP:	
Email:	Website:	(ontional)		

PURPOSE

COMPANY executes this agreement for Test Administration Services with the herein-named TASE (Business Entity) as established to do business by statute in the State of Ohio.

OBLIGATIONS

COMPANY will:

- Obtain and provide information, per State regulations, about the dates and locations needed for test administration.
- Provide a schedule of test administrations needed Statewide through our test administration software (Testing Opportunities).
- Provide secure access to the Statewide test schedule allowing TASEs to select testing opportunities desired.
- Periodically check to confirm TASE has Worker's Compensation insurance per State regulations.
- Provide timely access to COMPANY's toll-free support system and cloud-based test management software required by the State.
- Monitor that testing sites are safe, clean, and reasonably free of distractions per State-approved test site requirements.
- Facilitate periodic review of test administrations upon request of TASE, State officials, or COMPANY to ensure compliance with state standards and improve future test administration experiences for test candidates.
- Notify TASE of any deficiencies found in periodic reviews and in test packet materials (printed or electronic) submitted to COMPANY.

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• Compensate TASE for each test administration generally within seven (7) business days, but no later than thirty (30) calendar days of COMPANY receiving the timely submission of test materials for official scoring.

TASE will:

- Perform at least three test administrations per year.
- Provide timely, quality, non-biased test administration services that comply with State and Federal law.
- Hire, supervise, and compensate test administration teams (test team) that includes at least one
 - Certified Knowledge Test Proctor(s) (KTP).
- Provide all necessary electronic testing equipment that is compatible with COMPANY's software.
- Provide all testing supplies needed, as required by the State, to administer tests to State and Federal standards.
- Provide secure Hotspot, Wi-Fi/internet access for the test team.
- Provide COMPANY proof of:
 - Test team member's state-required testing eligibility.
 - Annual recertification of testing eligibility.
 - TASE's business entity formation status.
 - TASE's Workers' Compensation insurance coverage per State regulations.
 - General liability insurance is not required, but highly recommended for your business entity.
- The team understands and will comply with all State and Federal regulations, including but not limited to:
 - State Approved Testing Standards (see Attachment A found at <u>www.hdmaster.com</u>, under the 'Business Entities Providing Testing Services' heading).
 - Americans with Disabilities Act (ADA).
 - Recent criminal background checks for applicable testing team members per State requirements.
 - Agreeing to the Monitoring and Statistical Analysis of their Test Observer(s) (TOs) and other test team members.
 - The following provision of the ODH contract for nurse aide competency testing:
 - TASEs shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 USC 7104); and is now located at 2 CFR Part 175.
- Avoid conflicts of interest, including but not limited to an RN or any test team member administering the test of
 a family member, friend, or person they trained or had professional contact with during training, when testing
 candidates in Ohio.
- Correctly submit testing packet materials (printed and/or electronic) to COMPANY the same day tests are administered.
- Assume responsibility for the team's State and Federal taxes and withholdings.
- Assume liability for failure to complete test administrations that comply with this agreement and applicable regulations.

COMPENSATION

COMPANY will pay TASE:

- \$17 per candidate for each Knowledge Test successfully administered.
- Fifty dollars (\$50.00) for each KTP who agrees to provide services as a state-approved Mentor KTP per State-approved expectations.
- Twenty dollars (\$20.00) for each administration requiring accommodations to comply with ADA requirements.

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TASE will pay COMPANY:

- Seventy-five dollars (\$75.00) yearly for review and oversight per State-approved processes.
- Five dollars (\$5.00) per test day for access to COMPANY's toll-free phone support and cloud-based test management software as contracted by the State.
- Twenty-five dollars (\$25.00) per fifteen minutes of COMPANY staff time needed to correct erroneous or disorganized test administration materials submitted for official scoring to COMPANY by TASE's test team(s).

TERMINATION

Either party may terminate this Agreement by choosing not to offer or accept work from the other. COMPANY

· -	eceive testing materials from TASE as required per State standard v.hdmaster.com, under the 'Business Entities Providing Testin
AGREED Bouans	
D&S Diversified Technologies, LLP HEADMASTER, LLP (COMPANY)	TASE Contact Signature
, , ,	Date:
PAYMENT INFORMATION	
\$75 VEARLY FOR REVIEW A	ND OVERSIGHT DER STATE-ARREOVED REGGES

5 YEARLY FOR REVIEW AND OVERSIGHT PER STATE-APPROVED PROCESSES

MasterCard or VISA credit/debit card information:					
Credit/Debit Card #:	Expiration Date:	Zip Code:			
Printed Name as it Appears on Credit/Debit Card:		_			
Authorized Cardholder Signature:		_			