



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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

**OKLAHOMA**

**LONG TERM CARE [WITH HOME HEALTH DEEMING]  
RN TEST OBSERVER / ACTOR / KNOWLEDGE TEST PROCTOR  
CONFIDENTIALITY/NONDISCLOSURE AGREEMENT**

This agreement MUST be accompanied by *Form 1505KC or Form 1511KC*

I acknowledge the confidential nature of the Long Term Care [Home Health Deeming] (LTC/HHA) competency examination. This includes the materials, processes, procedures and content of both the knowledge and manual skills portions of the examination. I agree to safeguard the confidentiality of all information about the LTC/HHA competency examination. I will not disclose any portion of the examination materials and I will not disclose the processes or procedures necessary to administer or pass the examination nor will I disclose any examination results with instructors or administrators of any training facility.

If I am an RN Observer, I will not test or be involved in testing my own students, family members or close personal friends.

If I am a knowledge test proctor or an actor, I will not be involved in the testing of family members or close personal friends, except in emergency situations as provided for in the Oklahoma LTC/HHA Guidelines. Also, **I UNDERSTAND THAT AS AN ACTOR OR KNOWLEDGE TEST PROCTOR, I WILL NOT BE PERMITTED TO SIT FOR THE LTC/HHA TEST FOR 3 MONTHS FROM THE DATE THAT I WAS LAST USED AS AN ACTOR OR KNOWLEDGE TEST PROCTOR.**

This agreement extends to and includes, but is not limited to, allowing unauthorized persons to hear, view, videotape, or otherwise gains 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 nursing license 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 LTC/HHA competency examination by calling the HEADMASTER home office at (800) 393-8664.

\_\_\_\_\_  
RN Observer Name (Print Clearly or Type)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
( ) \_\_\_\_\_  
Phone #

\_\_\_\_\_  
Observer Address, City and Zip

\_\_\_\_\_  
Actor Name (Print Clearly or Type)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
( ) \_\_\_\_\_  
Phone #

\_\_\_\_\_  
Actor Address, City, State, Zip

\_\_\_\_\_  
Knowledge Test Proctor Name (Print Clearly or Type)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
( ) \_\_\_\_\_  
Phone #

\_\_\_\_\_  
Knowledge Test Proctor Address, City, State, Zip

\_\_\_\_\_  
RN Test Observer Signature

\_\_\_\_\_  
Actor Signature

\_\_\_\_\_  
Knowledge Test Proctor Signature

Date: \_\_\_\_\_