



HEADMASTER LLP: NURSE AIDE RN TEST OBSERVER AGREEMENT FORM 1505 AZ

Form 1500 AZ, 1501 AZ and 1503 AZ are part of and MUST accompany this agreement

Parties:

This agreement is entered into this _____ day of _____, 20____ by and between

RN Applicant Name: _____ SS# _____ - _____ - _____ of

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

Phone Numbers: _____

hereinafter referred to as the TO (Test Observer) and HEADMASTER (a partnership fully owned and operated by Paul Dorrance and Ben Schmitt employer ID# 81-0433262) for the purpose of administering HEADMASTER Nurse Aide Written/Oral and/or Skill Tests at sites and dates mutually agreed to with HEADMASTER.

Obligation: The TO will be paid twenty-seven dollars (\$27.00), which includes four dollars for consumable supplies, for each Skill Test satisfactorily administered, and six dollars and fifty cents (\$6.50) for each Written Test satisfactorily administered that may be used to compensate Written Test Proctors hired by the TO plus three dollars (\$3.00) for any written tests that are oral requests. HEADMASTER will further compensate the TO six dollars and fifty cents (\$6.50) for each Skill Test administered that may be used to pay Actors hired by the TO. Observers selected and that agree to be Mentor Observers will receive fifty dollars (\$50.00) per Observer they mentor in accordance with HEADMASTER and AZBN approved Mentor guidelines and procedures. Observers will receive twenty dollars (\$20.00) for each pre-approved ADA Accommodation (reader marker) test that they oversee in accordance with HEADMASTER and AZBN standards. The Observer must be certified yearly, at his or her own expense, by an approved AZBN re-certification process or procedure. Observers that return testing packets (materials) that are not completed correctly will be charged fifteen dollars (\$15.00) per fifteen minutes of HEADMASTER staff time needed to fix the testing materials. The Observer will be notified of the specific reason for any charges, so they may take the steps necessary to prevent further charges. Holding testing materials and not returning them the same day tests are given is cause for immediate cancellation of this agreement.

Payment will be made to the TO within 30 days of receipt of ALL paper testing materials, including proper completion of the Nurse Aide Examiner’s Report, (HEADMASTER **Form 1250**) at PO Box 6609, Helena, MT, 59604-6609.

Independent Contractor: It is understood that the TO is an independent contractor and, because the TO is an independent contractor under the terms of this agreement, HEADMASTER shall not deduct from any compensation paid or make any payment on behalf of the TO for any federal, state or municipal taxes or any insurance or retirement program. The TO will be solely responsible for all payments of federal, state and municipal taxes that may be required on any compensation paid under this agreement and will provide for their own insurance and retirement benefits, if they so desire. Further, the TO acknowledges that as an independent contractor there is NO eligibility for workers’ compensation claims under the terms of this agreement. The TO also agrees to and expects, unannounced periodic review during test events, by either HEADMASTER or the AZBN, for the purpose of improving the processes and procedures of NA testing in Arizona.

Conflict of Interest: The Observer understands that they must not test any NA candidate that they have trained, or any candidate that is hired by or being trained within their corporate or organizational structure. Observers may not test their own family members or personal friends. Observers must remain consistent, impartial, and unbiased during the administration of all AZ NA testing and must avoid any possibility of a conflict of interest between their testing and training roles, if they are also an NA trainer in AZ.

Non-Discrimination: It is agreed that all persons with responsibilities in the performance of the terms of this agreement shall not discriminate against any person(s) on the basis of race, religious creed, color, sex, national origin, age, political affiliation or beliefs, marital status, mental or physical handicap, of ancestry on any activities performed pursuant to this agreement.

Modifications: This document contains the entire agreement between the parties hereto and shall not be enlarged, modified, altered, assigned, transferred or subcontracted except upon written agreement signed by all parties to this agreement. No statement, promises or inducements made by either party, which are not contained in this written Contract, shall be valid of binding.

Termination: Either party may terminate this agreement with 30 days written notice to the other party, except for immediate termination in the case of nonperformance of any act of activity contained herein or within attachments and extensions of this contract.

Liability: When administering skill tests, no facility residents are to be used as test subjects (resident Actors). HEADMASTER assumes no liability for test Candidates, test subjects, Actors, or Observers and any and all claims resulting from negligence or any other act or action will be borne by the independently contracted RN Test Observer.

I hereby acknowledge and agree with the terms and conditions of this agreement.

TO Signature: _____ Date: _____ / _____ / _____

HEADMASTER use ONLY: TO ID # assigned: _____ - _____ - _____ on _____ / _____ / _____ by _____