

**D & S DIVERSIFIED TECHNOLOGIES dba HEADMATER
NURSE AIDE WRITTEN TEST PROCTOR**

CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

I acknowledge the confidential nature of the nurse aide competency examinations, the materials for the written examinations and the processes, procedures and content of the written examination. I agree to safeguard the confidentiality of all information about the nurse aide competency examinations. I will not disclose any portion of the examinations materials. I will not disclose the content of the examinations and I will not disclose the processes or procedures necessary to administer or pass the examinations. These includes, but is not limited to, allowing unauthorized persons to hear, view, videotape, or otherwise gain any knowledge about the exam before, during, or after the administrations 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 will subject me to prosecution to the full extent of the law and/or a \$10,000 fine. I agree to report any known or suspected breach in security relative to the nurse aide competency examinations by calling the D&SDT home office at (800) 393-8664. As a written test proctor I will not be involved in the testing of family members or close personal friends, except in emergency situations as provided for in the Idaho Guidelines. The WTP understand that they must not proctor any CNA candidate that they have trained, or any candidate that is hired by or being trained within their corporate structure or organization. A WTP may not test their own family members or personal friends. In the case of Flexible Test Sites, where the candidates are testing at the facility/site at which they trained, a person not directly associated with the training of the CNA may apply to be a WTP; e.g. Social Worker, Support Staff. In addition, WTPs must abide by the Written Test Proctor Instructions established by D & S Diversified Technologies. Final determination of approval of a WTP rests with the Department.

Name (Print or Type)—Written Test Proctor Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work/Cell: _____

Signature Date _____

Written Test Proctor Training Affidavit:

I hereby swear that I have read, understood and agree to abide by the ID guidelines and the Written Test Proctor Guidelines and will abide by subsequent updates and changes to them.

Written Test Proctor Signature Social Security # _____