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**CONFIDENTIALITY/NONDISCLOSURE AGREEMENT**

I acknowledge the confidential nature of the nursing assistant competency examination, the materials for the written and manual skills portions of the examination and the processes, procedures and content of the written and manual skills portions of the examination. I agree to safeguard the confidentiality of all information about the nursing assistant 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 pass the examination. This includes, but is not limited to, allowing unauthorized persons to view, videotape, or 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 nursing license at risk. I agree to report any known or suspected breach in security relative to the nursing assistant competency examination by calling HEADMASTER at (800) 393-8664.

**TESTER SIGNATURE**

Name of Tester (Print or Type) \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ RN License Number \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_