

**D&S DIVERSIFIED TECHNOLOGIES LLP dba HEADMASTER LLP**  
**PO BOX 6609 HELENA MT 59604**  
**TELEPHONE: 800-393-8664 FAX: 406-442-3357**  
**EMAIL: [hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com)**  
**WEB SITE: [www.hdmaster.com](http://www.hdmaster.com)**

**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 will lead to termination of my services and/or possible legal action against me. 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.

Actor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Actor Name Printed or Typed: \_\_\_\_\_

**TRAINING AFFIDAVIT**

I hereby swear that I, as a CNA Tester testing CNA Candidates in the State of North Dakota have reviewed the Actor training material with the Actor named herein:

Tester Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tester SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

I hereby swear that I, as a CNA Skill Test Actor, have reviewed the Actor training material with the Tester named above, and understood the material presented:

Actor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Actor SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_