

D&S Diversified Technologies

3310 McHugh Dr, Helena, MT 59602
Toll Free 800-393-8664 – Fax 406-442-3357 - www.hdmaster.com
PROVIDING NA TESTING SOLUTIONS for Oklahoma

D&S DIVERSIFIED TECHNOLOGIES NURSE AIDE OBSERVER/WRITTEN TEST PROCTOR/ACTOR

CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

This agreement **MUST** be accompanied by **Form 1505 OK or Form 1511 OK on the reverse side**

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 administer or pass the examination. If I am an Observer I will not test or be involved in testing my own students, family members or close personal friends or candidates trained within a corporate entity or organization that employees me. If I am a written 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 Guidelines. This 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 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 nursing assistant competency examination by calling the D&SDT home office at (800) 393-8664.

Name (Print or Type)

(Title)

Signature – Test Observer or Actor or Written Test Proctor

RN License Number and SS# or Actor/Written Test Proctor SS#

Date