

HEADMASTER, LLP

3310 McHugh Lane - Helena, MT 59602

Toll Free 800-393-8664 – FAX 406-442-3357 -- www.hdmaster.com

PROVIDING NA TESTING SOLUTIONS THROUGHOUT THE UNITED STATES

HEADMASTER

TEST OBSERVER/WRITTEN TEST PROCTOR/ACTOR

CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

This agreement MUST be accompanied by **Form 1505OR** or **Form 1511OR**

I acknowledge the confidential nature of the nursing assistant competency examination. This includes the materials, processes, procedures and content of both the written and manual skills portions of the examination. I agree to safeguard the confidentiality of all information about the Oregon nursing assistant competency examination. I will not disclose any portion of the examination materials and I will not disclose the processes or procedures necessary to administer or pass the examination.

If I am an RN observer, I will not administer tests to nursing assistant candidates with whom I have had a prior personal or business association or to my own students, family or close personal friends.

If I am a written test proctor or an actor, I will not be involved in the testing of nursing assistant candidates with whom I have had a prior personal or business association or to family or close personal friends. Also, I understand, as an actor or written test proctor, I will not be able to apply to take the Oregon nursing assistant examination for twelve months from the date that I last worked as an actor or written test proctor helping to testing nursing assistant candidates in Oregon.

This agreement extends to and includes, but is not limited to, allowing any unauthorized person to hear, view, videotape, or otherwise gain any knowledge about the exam or the exam processes and procedures 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 incur a \$100,000 breach of confidentiality fine. I agree to report any known or suspected breach in security relative to the nursing assistant competency examination in Oregon by immediately calling the HEADMASTER home office at (800) 393-8664 or be considered as a party to the breach and treated as if I made the breach myself.

RN Observer Name (Print Clearly or Type)

Social Security #

(_____)_____

RN Observer Address, City and Zip

Phone #

Actor Name (Print Clearly or Type)

Social Security #

(_____)_____

Actor Address, City, State, Zip

Phone #

Written Test Proctor Name (Print Clearly or Type)

Social Security #

(_____)_____

Written Test Proctor Address, City, State, Zip

Phone #

RN Test Observer Signature

Actor Signature

Written Test Proctor Signature

Date: _____