

D&S Diversified Technologies LLP (D&S DT)

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PROVIDING TESTING SOLUTIONS THROUGHOUT the United States

ARIZONA MEDICATION ASSISTANT

TESTING SITE EQUIPMENT LIST AND AFFIDAVIT form 1503 AM

This list MUST be accompanied by **Form 1502 AM (TEST SITES)**

The Testing Site must include all of the materials necessary to properly administer any of the randomly selected skill tests. The RN Observer is required to review all of the Skill Tests they receive prior to administration and ensure that the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

Equipment Provided by Testing Site

- Long-term care bed with side rails, working bed brakes
- Bedside stand -- Over bed stand
- Wheelchair with working brakes and footrest
- Water Pitcher, Ice container with scoop, Ice or Marbles
- Teaching stethoscope
- Hand washing sink with running water, liquid soap, & paper towels all in close proximity to skill test room
- Wastebasket, Wall Clock
- Privacy Curtain (Must be overhead rail, pull type with minimum 4' of rail)
- Call light—doesn't have to be a working call light

Additional Equipment Provided by RN Observer or Flexible Test Site

- Digital egg timer
- #2 Pencils for paper written test administration

Testing Sites and RN Observers may mutually agree to a different mix of equipment distribution and a Test Observer may use his/her consumable supplies reimbursement to purchase consumables from the Test Site, depending on mutual agreement with the Test Site staff. Please call D&S DIVERSIFIED TECHNOLOGIES toll free at 1-877-851-2355 or locally 419-420-1605 if we can be of assistance regarding these issues.

Site Affidavit:

I hereby certify that

Facility Name: _____

Phone: _____ Ext: _____ Fax Number: _____

Contact Person's Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

has the equipment listed herein and we will make the equipment available to D&S DIVERSIFIED TECHNOLOGIES certified RN Observers (independent contractors) for the purpose of administering MA written and skill tests to medication assistant candidates at our site.

Test Site Approving Administrator Signature: _____ Date: ____/____/____

Title: _____ Email Address: _____

For Certifying Testers:

RN Test Observer Equipment List Signature: _____ Date: ____/____/____