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 WEB SITE: www.hdmaster.com

WRITTEN TEST PROCTOR (WTP) AGREEMENT

This Agreement MUST be accompanied by form 1500IF and Form 1511IF. PLEASE TYPE OR PRINT.

Parties: This agreement is entered into on this______ day of______, 20_____ by and between

______ Home Phone (_____) ____-___ Work Phone (_____) ___-

of Home Address	City	State	Zip
hereinafter referred to as the WTP and HEADMASTER, Helena, MT 59602, hereinafter referred to as HEADMA certification tests to Facility Administrator test candidate standards that are subject to change from time to time.	STER for the purpose of p	roctoring authorized Idaho Fa	acility Administrator
Obligations: HEADMASTER will certify Written Test P approved instructional materials and methods, before i WTP. The Written Test Proctors will be required to be certification process. The WTP will allow unannounced read, sign and abide by the Confidentiality/Nondisclosus. The WTP agrees to abstain from proctoring written the personal friends and/or relatives or any student that the program or to any candidate that works in his/her corpusal applicable forms to HEADMASTER. (Possibly W-4, I	nvolving any WTP in any certified each year at the observation of testing in pure agreement (Form 1511 ests for any Facility Adminey have instructed as paparate structure. The WTP	testing scenario or providing ir own expense by HEADMA progress for quality assurance IF) hereby made a part and nistrator examinations that with of an approved Idaho Facimust properly complete all re	any compensation to the STER using an approved purposes. The WTP will parcel to this agreement. Yould be administered to flity Administrator training quired forms and forward
Services Rendered: The WTP (or a WTP designated dollars (\$15.00) for local (under 45 miles one way) travhe/she mutually agrees to proctor OR fifteen dollars perfacility administrator test event, whichever amount is githe WTP (or test center if the WTP is an employee of a proper completion of a WebETest© event.	vel time, if any travel time er facility administrator tes reater. HEADMASTER wil	is necessary to proctor tests of candidate the WTP proctor I make payment for WTP ser	s, for each test event that s during an agreed upon vices rendered directly to
Independent Contractor: It is understood that the V center is an independent contractor under the terms of health insurance or any retirement program. The WTP of time for traveling to a work site or any other compensat will be solely responsible for any and all payments for desire. Further, the WTP or test center understands the withholding, FICA, Medicare, Workers Compensation of Non-Discrimination: It is agreed that all persons with discriminate against any person(s) on the basis of rac marital status, mental or physical handicap, or ancestry	this agreement, there will or test center will not be el ion except as detailed here their own health insurance at there will be no withhold tc. or responsibilities in the per ee, religious creed, color, se	not be any deductions from a igible for overtime pay, mileated for Proctoring written tests e, liability insurance and retiring from any compensation performance of the terms of the sex, national origin, age, policiples.	ny compensation paid for ge compensation, or paid s. The WTP or test center ement benefits if they so aid for State and Federal his agreement shall not tical affiliation or beliefs,
Modifications: This document contains the entire agreement, except where otherwise specifically stated, between the parties hereto and shall not be enlarged, modified, altered, assigned, transferred or subcontracted except upon written agreement signed by all parties to this agreement. No statement, promises or inducements made by either party, which are not contained in this written Contract, shall be valid or binding.			
Termination: Either party may terminate this agreement with 30 days written notice to the other party, except for immediate termination in the case of nonperformance of any act or activity related to testing Facility Administrator candidates in Idaho.			
Liability: HEADMASTER assumes no liability for test Candidates, Evaluators, Test Administrators, Actors, or Written Test Proctors and any and all claims resulting from negligence or any other wrongful act or action will be borne by the negligent party.			
SIGNATURE:			
I have read, understand and agree to all terms and con-	ditions contained herein.		
Name WTP (Print or Type)		Title	
WTP Signature	SS#	Date	_/
Email address:			
WTP designated test center:(If applicable) Make checks out to: Name:	Address	EIN	

FORM 1515IF Last Update: 1-24-09 Printed: 1/24/2009