



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

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Innovative, quality technology solutions
throughout the United States since 1985.

ARIZONA NURSING ASSISTANT – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES TESTING SITE AGREEMENT FORM 1502AZ

(This agreement MUST be accompanied by **Test Site Equipment List Affidavit Form 1503AZ**)

Facility Name: _____ Phone: (_____) _____ - _____

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

hereinafter known as the Testing Site, will allow NA Knowledge and Skill Tests to be administered at our facility, under the following guidelines for **FIXED and/or FLEXIBLE** testing schedules.

As a FLEXIBLE Schedule Test Site (In Facility – only test candidates trained in your program) we will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER/D&S DT certified, independently contracted, RN Observer for the purpose of administering Knowledge and Skill tests for *at least* eight Candidates (**eight candidates is the minimum needed to hold a test event**) per day per Observer. The area(s) will be free from distractions for up to nine hours on testing days.
2. We will complete and mail or fax this **Test Site Agreement Form 1502AZ** and **Test Site Equipment List Affidavit Form 1503AZ** to HEADMASTER/D&S DT.
3. We will mutually agree to schedule test dates in advance with HEADMASTER/D&S DT and/or schedule mutually agreed upon, site selected test dates as far in advance as possible, with HEADMASTER/D&S DT.
4. On testing days, we will allow an independently contracted RN Observer, their Actor, KTP, and test Candidates admittance to our approved Test Site. We will assume all liability for our Candidates tested in our facility because they are our employees or trainees.
5. We agree to unannounced visits by the Arizona Board of Nursing and HEADMASTER/D&S DT for the purpose of observing tests in progress.

As a FIXED Schedule Test Site (Regional – allow candidates trained in other programs to test) we will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER/D&S DT certified, independently contracted, RN Observer for the purpose of administering Knowledge and Skill tests for *at least* eight Candidates (**eight candidates is the minimum needed to hold a test event**) per day per Observer. The area(s) will be free from distractions for up to nine hours on testing days.
2. We will complete and mail or fax this **Test Site Agreement Form 1502AZ** and **Test Site Equipment List Affidavit Form 1503AZ** to HEADMASTER/D&S DT.
3. We will mutually agree to schedule test dates up to fifty-two weeks in advance with HEADMASTER/D&S DT and/or schedule mutually agreed upon, site selected test dates as far in advance as possible, with HEADMASTER/D&S DT.
4. We agree to unannounced visits by the Arizona Board of Nursing and HEADMASTER/D&S DT for the purpose of observing tests in progress.
5. On testing days, we will allow an independently contracted RN Observer, their Actor, KTP, and test Candidates admittance to our approved Test Site. We will hold them accountable for damage, theft or any other act or action harmful to the facility in any way. HEADMASTER/D&S DT assumes no liability for independently contracted RN Observers, their Actors, KTPs or Candidates.

PHOTOGRAPHING OR VIDEOTAPING TEST EVENTS

As a certification test vendor, Headmaster LLP and D&S Diversified Technologies LLP (D&SDT) must ensure the security of knowledge and skill test items and proprietary test delivery software.

Certification test events are expected to be conducted in a distraction free environment with a high degree of personal privacy. Photographing, videotaping, recording via security or surveillance cameras or any other device while any Headmaster/D&SDT knowledge or skill testing is being conducted is expressly prohibited unless advance written permission has been granted by Headmaster/D&SDT and the State oversight agency for the certification examination.

To host certification test events for test candidates, you agree that no electronic recording devices will be used to record sound or video of actual test candidates, test events or any part of test administration. You agree that to allow recording of certification testing events in progress without the express written consent of Headmaster/D&SDT and the State oversight agency may result in the loss of your test site approval, training program approval and may subject you to prosecution by all affected parties to the full extent of the law.

I certify that our site is under no Arizona (AZBN) or DHS sanctions and I have read understood and will abide by the guidelines listed.

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

Contact Phone Number: _____ Fax #: _____

Print designated contact person: _____ Email: _____

HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES use ONLY: Site #: _____ Assigned on ____/____/____ by _____ Confirmation letter emailed or mailed: ____/____/____