



D&S Diversified Technologies LLP
Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES, LLP - HEADMASTER, LLP
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Innovative, quality technology solutions throughout the United States since 1985.

NORTH DAKOTA NURSE AIDE TESTING
TEST ADMINISTRATION SERVICES AGREEMENT
FORM 1505ND

PARTIES

HEADMASTER, LLP
 P.O. Box 6609
 Helena, MT 59604–6609
 Phone: (800)393-8664 | Fax: (406)442-3357
 Email: hdmaster@hdmaster.com Website: www.hdmaster.com

RN TEST OBSERVER NAME: _____ (TO)

Social Security Number: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____

PURPOSE

HEADMASTER, LLP (employer ID# 81-0433262) executes this Agreement for Test Administration Services with the herein named North Dakota RN Test Observer (TO) for the purpose of administering HEADMASTER nurse aide knowledge/oral and/or skill tests at sites to be specified by Headmaster.

This document contains the entire Agreement 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 Agreement, shall be valid of binding.

OBLIGATIONS

RN Test Observer (TO) will:

- Provide timely, quality, non-biased test administration services that comply with State and Federal law.
- Safeguard the confidentiality of all information about the North Dakota Nurse Aide Competency Exam.
- Not disclose any portion of the examination materials or processed or procedures necessary to administer or to pass the examination.
- Avoid conflicts of interest including but not limited to an RN administering the test of a family member or personal friend.
- Not use facility residents as test subjects (Actors) when administering skills tests.
- Correctly submit testing packet materials (printed and/or electronic) to HEADMASTER the same day tests are administered.



- Assume liability for failure to complete test administrations that comply with this agreement and applicable regulations.
- Pay HEADMASTER a one-time fee of eight-nine dollars and ninety-five cents (\$89.95) to certify that the TO has the necessary qualifications to administer exams that meet North Dakota Department of Health testing standards.
 - Complete the credit/debit card certification fee payment information at the bottom of this page.

NON-DISCRIMINATION

In accordance with state and Federal laws, it is agreed that all persons with responsibilities in the performance of the terms of this Agreement shall not discriminate against any person(s) on the basis of race, religious creed, color, gender, national origin, age, political affiliation or beliefs, martial status, mental or physical handicap or ancestry on any activities performed pursuant to this agreement.

LIABILITY

HEADMASTER assumes no liability for test candidates, test subjects, Actors or RN Test Observers and any and all claims resulting from negligence or any other act or action will be borne by the negligent party.

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 contained herein, or if Headmaster does not receive testing materials from RN Test Observer as required per North Dakota Department of Health standards.

AGREED

D&S Diversified Technologies, LLP
HEADMASTER, LLP

RN Test Observer's Signature

Date: _____

\$89.95 CERTIFICATION FEE PAYMENT

MASTERCARD OR VISA CREDIT/DEBIT CARD INFORMATION:

Credit/Debit Card #: _____ Expiration Date: _____ Zip Code: _____

Printed Name as it Appears on Credit Card: _____

Authorized Signature: _____