



**ARIZONA LPN/RN REFRESHER – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES
KNOWLEDGE TEST PROCTOR (KTP)
CONFIDENTIALITY/NON-DISCLOSURE AGREEMENT FORM 1511RE**

I acknowledge the confidential nature of the Arizona LPN/RN Refresher examinations, the materials for the knowledge examinations and the processes, procedures and content of the knowledge examination. I agree to safeguard the confidentiality of all information about the Arizona LPN/RN Refresher examinations. I will not disclose any portion of the examination materials. I will not disclose the content of the examinations and I will not disclose the processes or procedures necessary to administer or pass the examinations. These include, but are not limited to, allowing unauthorized persons to hear, view, videotape, or otherwise gain any knowledge about the exam before, during, or after the administration of any exam. I recognize that disclosing or revealing or allowing this information to be disclosed or revealed constitutes a violation of this agreement and it will immediately render this agreement null and void as well as subject me to prosecution to the full extent of the law and/or a \$100,000 breach of services fine. I agree to report any known or suspected breach in security relative to any competency examination by calling the Headmaster-D&SDT home office at (800) 393-8664. As a knowledge test proctor, I will not be involved in the testing of coworkers, subordinates, family members or close personal friends, except in emergency situations as provided for in the Arizona LPN/RN Refresher Guidelines. In addition, KTPs must abide by the Knowledge Test Proctor Instructions established by Headmaster-D&SDT and the Arizona LPN/RN Refresher oversight agency. Final determination of approval of a KTP rests with Headmaster-D&SDT and the Arizona LPN/RN Refresher Program Executive Director.

KNOWLEDGE TEST PROCTOR PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____
Social Security Number _____ - _____ - _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
Knowledge Test Proctor Signature _____ Date ____/____/____

KNOWLEDGE TEST PROCTOR TRAINING AFFIDAVIT

I hereby swear that I have read, understood and agree to abide by the Arizona LPN/RN Refresher and Headmaster/D&SDT guidelines and the Knowledge Test Proctor guidelines and will abide by subsequent updates and changes to them.
Knowledge Test Proctor Signature _____ Date ____/____/____