



**D&S Diversified Technologies LLP**  
**Headmaster LLP**

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

## TEST SITE AGREEMENT

FORM 1502 MT-MA

### FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

hereinafter known as the Testing Site, will allow Medication Aide Knowledge 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) we will comply with the following guidelines:

1. We will not submit or schedule more candidates than the number of internet connected computers available per test event.
2. We will complete and mail or fax this **Form 1502 MT-CMA** to HEADMASTER.
3. We will supply a HEADMASTER approved area for testing CMA candidates on the Knowledge Test. The test area may be used for up to 2 ½ hours on testing day.
4. We will use only HEADMASTER certified CMA Knowledge Test Proctors to administer tests to our MA candidates.
5. We will assume all liability for Candidates testing in our facility.
6. We agree to unannounced visits by the Montana Board of Nursing and/or HEADMASTER for the purpose of observing tests in progress.

**FIXED TEST SITE** (regional) we will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER certified, independently contracted, Knowledge Test Proctor (KTP) to administer Medication Aide knowledge tests. The area will be free from distractions for up to 2 ½ hours on testing days.
2. We will complete and mail or fax this **FORM 1502 MT-CMA** to HEADMASTER.
3. We will mutually agree to schedule test dates up to sixteen weeks in advance or schedule site selected test dates in mutual agreement with HEADMASTER.
4. We will notify HEADMASTER of the number of working internet connected computers prior to each scheduled test date.
5. We agree to unannounced visits by the Montana Board of Nursing and/or HEADMASTER for the purpose of observing tests in progress.
6. On testing days, we will allow a KTP and candidates admittance to our designated Test Site. We will hold them accountable for damage, theft, or any other act or action harmful to the facility in any way. HEADMASTER assumes no liability for KTP or candidates.

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 testing is being conducted is expressly prohibited unless advance written permission has been granted by HEADMASTER and the Montana Board of Nursing. Failure to prevent unauthorized recording of testing may result in the loss of your test site 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 State of Montana sanctions and I have read, understood and will abide by the guidelines listed herein.

Site Administrator Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_