

HEADMASTER LLP

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OKLAHOMA MEDICATION AIDE HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES TESTING SITE AGREEMENT FORM 1502KM

Facility Name:		Phone: ()			
Address:		Citv:	State:	Zip:	
hereinafte guidelines	er known as the Testing Site, will allow Okla s:	ahoma Medication Áide Knowledge Tes	sts to be administered at o	ur facility, ur	nder the following
2. 3. 4. 5. 6. 7.	purpose of administering Oklahoma Medica We will provide internet-connected compute interruption free during testing. We will work with HEADMASTER/D&S DT to Proctors are not allowed to administer tests to or business association, who are family or ar We will contact HEADMASTER/D&S DT an hdmaster@hdmaster.com. We will assume all liability for our candidate HEADMASTER/D&S DT assumes no liability we agree to unannounced visits by the Okla	cted computers, in an area that allows 3-4 feet separation between candidates that is distraction and . ER/D&S DT to find an approved Knowledge Test Proctor and mutually agree to a test date. (Knowledge Test ninister tests to medication aide candidates who are their own students, with whom they have a prior personal			
	PHOTOGR fication exam test vendor, Headmaster LLP ietary test delivery software.	RAPHING OR VIDEOTAPING TO and D&S Diversified Technologies LL		the security	of knowledge items
privacy. I testing is	on examination test events are expected to Photographing, videotaping, recording via s being conducted is expressly prohibited uagency for the certification examination.	security or surveillance cameras or any	y other device while any h	Headmaster/	/D&SDT knowledge
actual tes	ertification exam test events for test candid st candidates, test events or any part of to without the express written consent of Head rogram approval and may subject you to pro	est administration. You agree that to dmaster/D&SDT and the State oversigh	allow recording of certification and agency may result in the	fication exar	m testing events in
I certify t	hat our site is under no OAHCP or ODH s	sanctions and I have read, understoo	od and will abide by the	guidelines	listed.
Site Adr	ministrator Signature:		Date:	/	/
Contact Phone Number:		Fax #:			
Print de	signated contact person:	Fm	ail·		

__ Assigned on____

HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES use ONLY: Site # :

__ Confirmation letter emailed or mailed:__