D&S Diversified Technologies LLP (D&S DT)
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PROVIDING MEDICATION AIDE (MA) TESTING SOLUTIONS THROUGHOUT the United States

D&S DIVERSIFIED TECHNOLOGIES
MEDICATION AIDE OBSERVER/WRITTEN TEST PROCTOR/ACTOR

CONFIDENTIALITY/NONDISCLOSURE AGREEMENT form 1501
This agreement MUST be accompanied by ***Form 1505 TM or Form 1511 TM on the reverse side***

I acknowledge the confidential nature of the medication aide examination, the materials for the written and manual skills portions of the examination and the processes, procedures and content of the written and manual skills portions of the examination. I agree to safeguard the confidentiality of all information about the medication aide competency examination. I will not disclose any portion of the examination materials. I will not disclose the content of the examination and I will not disclose the processes or procedures necessary to administer or pass the examination. If I am an Observer I will not test or be involved in testing my own students, family members or close personal friends or candidates trained within a corporate entity or organization that employs me. If I am a written test proctor or an actor I will not be involved in the testing of family members or close personal friends. Also, I understand that as an actor or written test proctor, I will not be able to sit for the Tennessee medication aide test for 6 months from the date that I was last used as an actor or written test proctor. This agreement extends to and includes, but is 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 an exam. I recognize that disclosing or revealing or allowing this information to be disclosed or revealed constitutes a violation of this agreement and may subject me to prosecution to the full extent of the law and/or a $100,000 fine. I agree to report any known or suspected breach in security relative to the medication aide examination by calling the D&SDT home office at (800) 393-8664.

_____
Name (Print or Type Test Observer) Social Security # RN License #

_____(____)_____
Observer Address Phone Number

_____
Actor Name Social Security #

_____(_____)_____
Actor Address Phone #

_____
Written Test Proctor Name Social Security #

_____(_____)_____
Written Test Proctor Address Phone #

_____ _____ _____
RN Test Observer Signature Actor Signature Written Test Proctor Signature

Date:_____