

D&S DIVERSIFIED TECHNOLOGIES LLP (D&S DT)

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PROVIDING Medication Aide (MA-C) TESTING SOLUTIONS THROUGHOUT the United States

TESTING SITE EQUIPMENT LIST AND AFFIDAVIT form 1503 TM

This list MUST be accompanied by **Form 1502 TM**

The Testing Site must include all of the materials necessary to properly administer any of the randomly selected skill tests. The Observer is required to review all of the Skill Tests they receive prior to administration and ensure that the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

Equipment Provided by Testing Site

- Long-term care bed with working bed brakes
- Bedside stand -- Over bed stand
- Wheelchair with working brakes
- Water Pitcher
- Glass or plastic cup for water
- Teaching stethoscope
- Wastebasket
- Wall Clock
- Hand sanitizer
- Gloves
- Call light—doesn't have to be a working call light
- Privacy Curtain (Must be overhead rail, pull type with minimum 4' of rail)

Additional Equipment Provided by Observer or Flexible Test Site

- Digital timer
- #2 Pencils for paper knowledge test administration
- Q-tips
- Tissues
- Medication cup
- Portable Medication Box (Observer must provide)
- MAR Binder – Controlled Substances Count Book (Observer must provide)

Testing Sites and Observers may mutually agree to a different mix of equipment distribution and a Test Observer may use their consumable supplies reimbursement to purchase consumables from the Site, depending on mutual agreement with the Site. Please call D&S DIVERSIFIED TECHNOLOGIES toll free at 1-877-851-2355 if we can be of assistance regarding these issues.

Site Affidavit:

Facility Name: _____

Phone: _____ Ext: _____ Fax Number: _____

Contact Person's Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby certify that the facility listed above has the equipment listed herein and will make the equipment available to D&S DIVERSIFIED TECHNOLOGIES certified TENNESSEE MA-C Test Observers (independent contractors) for the purpose of administering MA-C knowledge and skill tests to medication aide candidates at our site.

Administrator Signature: _____ **Date:** ____/____/____

Title: _____ **Phone:** _____