



NORTH DAKOTA TESTING SITE AGREEMENT (FORM 1502ND)

THIS AGREEMENT MUST BE ACCOMPANIED BY FORM 1503ND

Facility Name: _____ Phone: (____) _____ - _____

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

hereinafter known as the Testing Site, will allow Nurse Aide (NA) Knowledge and Skill 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. NO more than eight Candidate applications may be submitted per testing date per RN Observer.
2. We will complete and mail or fax this **Form 1502ND and Form 1503ND** to HEADMASTER.
3. We will supply HEADMASTER an approved area for testing NA candidates on the Knowledge and Skill Tests. The written test area would be used for up to 2 hours on testing day and the skill test area for up to 6 hours.
4. We will designate a licensed RN with a least one year of long-term health care experience who is NOT a Director of Nursing (DON) as our primary Test Observer (TO) and have them complete the HEADMASTER Test Observer certification course prior to administering any tests in our facility.
5. We will use **Form 1101ND** and **Form 1402ND** to apply for tests for Candidates who complete our North Dakota Department of Health (NDDH) approved NA training course.
6. We will assume all liability for any negligence caused by test Candidates, Actors, Knowledge Test Proctors (KTP) and Test Observers (TO) used in the administration of HEADMASTER NA tests in our facility because they are our residents and our employees.
7. We agree to unannounced visits by the NDDH and/or HEADMASTER for the purpose of observing tests in progress.

As a FIXED Schedule Test Site (Regional) we will comply with the following guidelines:

1. NO more than eight Candidate applications may be submitted per testing date per RN Observer.
2. We will designate a licensed RN with a least one year of long-term health care experience who is NOT a DON as our primary Test Observer (TO) and have them complete the HEADMASTER Test Observer certification course prior to administering any tests in our facility.
3. We will supply HEADMASTER an approved area for testing NA candidates on the Knowledge and Skill Tests. The knowledge test area would be used for up to 2 hours on testing day and the skill test area for up to 6 hours.
4. We will complete and mail or fax this **Form 1502ND and Form 1503ND** to HEADMASTER.
5. We will mutually agree to schedule test dates up to sixteen weeks in advance with HEADMASTER and/or schedule mutually agreed upon, site selected test dates as far in advance as possible, with HEADMASTER.
6. We agree to unannounced visits by the North Dakota Department of Health and/or HEADMASTER for the purpose of observing tests in progress.
7. On testing days, we will allow a Test Observer, their Actor, KTP, and test Candidates admittance to our approved 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 independently contracted RN Observers, their Actors, KTPs, or Candidates.



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

TEST CONFIDENTIALITY AND SECURITY

As a certification test vendor, Headmaster LLP must ensure the security of knowledge and skill test items and proprietary test delivery software. Certification test events are expected to be conducted in a distraction free environment with a high degree of personal privacy. Access to the testing materials by anyone other than the Certified Test Observer is expressly prohibited unless advance written permission has been granted by Headmaster and the State oversight agency for the certification examination. Unauthorized access includes, but is not limited to, imaging or copying of any test materials before or after the exam as well as photographing, videotaping, recording via security or surveillance cameras or any other device while any Headmaster knowledge or skill testing is being conducted. To host certification test events for test candidates, you agree that no electronic recording devices will be used to record sound or video of actual test candidates, test events or any part of test administration. You agree that to allow recording of certification testing events in progress or copying any test materials without the express written consent of Headmaster and the State oversight agency may result in the loss of your test site approval, training program 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 no North Dakota Department of Health sanctions and I have read, understand and will abide by the guidelines listed.

Site Administrator Signature: _____ Date: ____/____/____

Contact Phone Number: _____ Fax #: _____

PRINT NAME of designated contact person: _____ Email: _____

HEADMASTER use ONLY: Site #: _____

Assigned on ____/____/____ by _____ Confirmation letter faxed: ____/____/____