

## **HEADMASTER LLP**

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## ARIZONA ASSISTED LIVING FACILITY CAREGIVER – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES TESTING SITE AGREEMENT FORM 1502AC

Facility N	Name:		Phone: (	)		
Address	:	City:		State:	Zip:	
hereinaft	ter known as the Testing Site, will allow guidelines:	Assisted Living Facility Caregive	er Knowledge Tests to be	administere	d at our facili	ty, under the
1. 2. 3. 4. 5. 6. 7. 8.	We will supply an area to be used by purpose of administering Assisted Liv For electronic testing, we will provide distraction and interruption free during For paper tests, we will provide an are testing.  We will work with HEADMASTER/D& We will contact HEADMASTER/D&S hdmaster@hdmaster.com.  We will assume all liability for our can HEADMASTER/D&S DT assumes no We agree to unannounced visits by the progress.	ing Facility Caregiver knowledge internet-connected computers, in g testing. ea that allows 3-4 feet separation S DT to find an approved Knowle DT and inform them of the schedulidates tested in our facility becar liability for independently contract.	tests.  an area that allows 3-4  between candidates that  dge Test Proctor and muled test date by phone to  use they are our employed ted Knowledge Test Pro-	feet separation t is distraction utually agree t 300-393-8664 ees or trainee ctors (KTP) o	on between con and interrupts a test date for fax (406-44). Fax.	andidates that is otion free during at 2-3357) or email
	PHOT mpletion of Training test vendor, Head d proprietary test delivery software.	TOGRAPHING OR VIDEOT master LLP and D&S Diversified			sure the sec	urity of knowledge
privacy. testing is	ion of Training test events are expected. Photographing, videotaping, recording solutions being conducted is expressly prohibit agency for the Completion of Training	g via security or surveillance cam pited unless advance written pe	eras or any other device	e while any H	leadmaster/[	0&SDT knowledge
of actual progress	Completion of Training test events for a test candidates, test events or any part without the express written consent of program approval and may subject you	rt of test administration. You agre Headmaster/D&SDT and the Sta	ee that to allow recording te oversight agency ma	g of Completion	on of Trainin	g testing events in
I certify listed.	that our site is under no NCIA Board	l of Examiners or DHS sanction	s and I have read unde	erstood and v	will abide by	the guidelines
Site Ad	Iministrator Signature:			Date:	/	/
Contac	t Phone Number:		_Fax #:			
	esignated contact person:					

Assigned on\_

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

Confirmation letter emailed or mailed: