



**D&S Diversified Technologies LLP**  
**Headmaster LLP**

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

**OKLAHOMA**  
**LONG TERM CARE [WITH HOME HEALTH DEEMING]**  
**TESTING SITE AGREEMENT FORM 1502KC**

*THIS AGREEMENT MUST BE ACCOMPANIED BY FORM 1503KC*

Facility Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

hereinafter known as the Testing Site, will allow Long Term Care [with Home Health Deeming] Knowledge and Skill Tests to be administered at our facility, under the following guidelines for FLEXIBLE testing schedules.

**As a FLEXIBLE Schedule Test Site** (In Facility) we will comply with the following guidelines:

1. We will supply an area to be used by a HEADMASTER certified, independently contracted, Evaluator/Observer for the purpose of administering Knowledge and Skill tests for up to ten Candidates per day per Observer. The area(s) will be free from distractions and interruptions for up to nine hours on testing days.
2. On testing days, we will allow an independently contracted Observer, their Actor, Knowledge Test Proctor (KTP), and test Candidates admittance to our approved Test Site.
3. On testing days, we will arrange to have our site open at least 45 minutes before the scheduled test event so that the Evaluator/Observer has ample time to set up for testing.
4. We will complete and mail or fax this **Form 1502KC** and **Form 1503KC** to HEADMASTER.
5. We will mutually agree to schedule test dates up to fifty-two weeks in advance with HEADMASTER and/or schedule mutually agreed upon, test dates as far in advance as possible, with HEADMASTER.
6. We will assume all liability for our Candidates tested in our facility because they are our employees or trainees.
7. HEADMASTER assumes no liability for independently contracted RN Observers, their Actors, KTPs, or Candidates.
8. We agree to unannounced visits by the Oklahoma State Department of Health and HEADMASTER for the purpose of observing tests in progress.

**I certify that our site is under no Oklahoma State Department of Health or OHCA sanctions and I have read, understand and will abide by the guidelines listed.**

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Print designated contact person: \_\_\_\_\_ Email: \_\_\_\_\_

**HEADMASTER use ONLY:** Site #: \_\_\_\_\_

Assigned on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Confirmation letter faxed: \_\_\_\_/\_\_\_\_/\_\_\_\_