

D&S Diversified Technologies LLP

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PROVIDING TESTING SOLUTIONS THROUGHOUT United States

D&S DIVERSIFIED TECHNOLOGIES LLP dba HEADMASTER LLP

WRITTEN TEST PROCTOR / SKILL TEST EVALUATOR

CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

I acknowledge the confidential nature of the nursing assistant competency examination, the materials for the written and manual skills portions of the examination and the processes and procedures as well as the content of the written and manual skills portions of the examination. I agree to safeguard the confidentiality of all information related to the nursing assistant competency examination. I will not disclose any information about the examination or the contents of any examination materials. I will not make copies of any testing materials and I will return all paper testing materials to the UHTCC testing center in Kaysville, Utah immediately, upon completion of any paper test event in the manner requested by UHTCC. Any authorized testing materials, such as but not limited to, a skill score sheet that might be printed during the course of an electronic WEBETEST® event will be immediately shredded upon completion of any test event. Any unlocked WEBETEST® electronic test packets will be locked upon completion of any test event as well as during any time I am not physically present in the electronic testing lab.

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 a Skill Test Administrator I will not test or be involved in testing my own students, family members or close personal friends. If I am a written test proctor I will not be involved in the testing of family members or close personal friends, except in emergency situations as provided for in the Utah UHTCC Testing Guidelines.

This agreement includes, but is not limited to, allowing unauthorized persons to hear, view, videotape, copy or otherwise gains any knowledge about the exam or exam materials 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 could place my nursing license at risk and/or be subject to prosecution to the full extent of the law and/or a \$10,000 fine. I agree to report any known or suspected breach in security relative to the nursing assistant competency examination by calling the D&SDT home office at (800) 393-8664.

Name (Print or Type)

(Title)

Signature – Test Evaluator or Written Test Proctor

Email Address

RN License Number and SS# or Written Test Proctor SS#

Date