



NORTH DAKOTA TEST OBSERVER / ACTOR / WRITTEN TEST PROCTOR CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT (FORM 1501ND)

This agreement MUST be accompanied by **FORM 1505ND** (Test Observer Agreement) or **FORM 1511ND** (Actor / Written Test Proctor Training Affidavit)

I acknowledge the confidential nature of the nursing assistant competency examination. This includes the materials, processes, procedures and content of both the written and manual skills portions of the examination. I agree to safeguard the confidentiality of all information about the nursing assistant competency examination. I will not disclose any portion of the examination materials and I will not disclose the processes or procedures necessary to administer or pass the examination nor will I disclose any examination results with instructors or administrators of any training facility.

If I am an RN Observer, I will not test or be involved in testing family members or close personal friends.

If I am a written test proctor or an actor, I will not be involved in the testing of family members or close personal friends. Also, **I UNDERSTAND THAT AS AN ACTOR OR WRITTEN TEST PROCTOR, I WILL NOT BE PERMITTED TO APPLY AND TAKE THE NORTH DAKOTA NA TEST FOR 6 MONTHS FROM THE DATE THAT I WAS LAST USED AS AN ACTOR OR WRITTEN TEST PROCTOR.**

This agreement extends to and includes, but is not limited to, allowing unauthorized persons to hear, view, videotape, or otherwise gain any knowledge about the exam 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 \$100,000 fine. I agree to report any known or suspected breach in security relative to the nursing assistant competency examination by calling the HEADMASTER home office at (800) 393-8664 or be held accountable as though I made the breach myself.

RN Observer Name (Print Clearly or Type) Social Security #

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Observer Address, City and Zip Phone #

Actor Name (Print Clearly or Type) Social Security #

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Actor Address, City, State, Zip Phone #

Written Test Proctor Name (Print Clearly or Type) Social Security #

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Written Test Proctor Address, City, State, Zip Phone #

RN Test Observer Signature

Actor Signature

Written Test Proctor Signature

Date: _____