

## SOUTH DAKOTA ON-LINE TESTING INFORMATION

### South Dakota Health Care Association

804 N. Western Avenue --Sioux Falls, SD 57104

Phone# 605-339-2071

[luannseverson@sdhca.org](mailto:luannseverson@sdhca.org) or fax 605-339-1354

Testing Services Provided by: HEADMASTER, LLP

**\*All application materials MUST be sent to SDHCA-Attn: LuAnn Severson\***

## **WELCOME TO WEBETEST® ON-LINE TESTING!**

**TO GET STARTED:** you first need to become a "Certified Test Observer" for your organization. As a "Certified Test Observer" (1) you can create your own test date, (2) test your candidates whenever you choose, (3) eliminate the cost of travel to a test site (4) eliminate test anxiety of an unfamiliar testing facility and (5) have your official test results available in a timely manner after they have been officially scored.

**THE KNOWLEDGE EXAM** for each candidate will be taken on a computer or tablet connected to the Internet.

**THE MANUAL SKILL EXAM** for the candidate is printed, using strict security protocols, from the Internet. The observations are then entered into the computer by the Certified Test Observer and are then available for HEADMASTER to officially score the test. Any paper manual skill exam copies must be shredded after receipt of the test results, which are officially scored by HEADMASTER scoring staff. Alternatively, eliminate ALL the skill test paper via an Internet connected laptop or tablet the Certified Test Observer uses while observing the test candidate demonstrating his/her Manual Skill tasks. Both Knowledge and Manual skill exams MUST be submitted together for official scoring by HEADMASTER scoring staff.

**THE PROCESS OF BECOMING A CERTIFIED TEST OBSERVER** includes a payment of \$99.95 for the course and filling out forms 1500 (**Application**) 1501 (**Confidentiality**) 1502 (**Test Site agreement**) and 1503 (**Equipment list**). Resident Actors that are used for Manual Skill testing MUST be certified and trained by a Certified Test Observer and are required to read and sign forms 1515 (**Resident Actor Agreement**) and 1501 (**Confidentiality/Non-Disclosure Agreement**). These forms can be sent, scanned, faxed, or emailed to South Dakota Health Care Association (SDHCA). HEADMASTER will send an invoice for the certification course fee to the designated organization or RN.

**THE CNA TEST OBSERVER CERTIFICATION COURSE** includes a Certified Test Observer manual and study guide that is accessible on the South Dakota Health Care Association's website at [www.sdhca.org](http://www.sdhca.org). Upon completion of the study guide, return it to HEADMASTER - ATTN: Amy Owens – PO Box 6609, Helena, MT 59604, fax 406-442-3357 or email [hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com). The study guide materials will be corrected by HEADMASTER staff. A 90% or better must be attained on your study guide answers in order to become a "Certified Test Observer". HEADMASTER will send each successful Certified Test Observer an official certification letter.

**"CERTIFIED TEST OBSERVERS"** administer nurse aide tests as a regular part of their duties. There is no compensation from HEADMASTER or SDHCA for Test Observers, Resident Actors or test sites. Resident Actors used may be volunteers or paid, if desired, by the organization. Certified Test Observers are not allowed to administer tests to nursing assistants who are family members or close personal friends.

Upon becoming a Certified Test Observer, HEADMASTER will help each Certified Test Observer proceed through the **ON-LINE TEST INSTRUCTIONS** (mailed to the Test Observer by HEADMASTER upon successful completion of the certification process) step-by-step, until the Certified Test Observer feels confident enough to test candidates using the on-line system.

**Certified Test Observers need** the following before placing a call to HEADMASTER to set-up testing.

- A computer with Internet access.
- On-line instructions that have been mailed by HEADMASTER

### **If you have any questions, contact:**

LuAnn Severson, SDHCA

Director of Public Affairs and Professional Development

[luannseverson@sdhca.org](mailto:luannseverson@sdhca.org)

Phone: 1-800-952-3052

Fax: 605-339-1354



# SOUTH DAKOTA TEST OBSERVER APPLICATION

South Dakota Health Care Association  
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**IMPORTANT: Do not send pre-payment with this application, you will receive an invoice from Headmaster.**

**This form MUST be accompanied by Form 1501SD (Confidentiality/Non-Disclosure Agreement)**

## PERSONAL INFORMATION: (PLEASE PRINT)

Last Name _____	First Name _____	Middle _____
Address _____ City _____ State _____ Zip _____		
Home Phone (605) _____ - _____	Work Phone (605) _____ - _____	Cell Phone ( ) _____ - _____
Date of Birth _____   _____   _____	Email _____	

## NURSE AFFIDAVIT:

I am a Registered Nurse: Registry # _____ in good standing with the SD Board of Nursing and have at least one year's experience in providing long term care for the elderly or the chronically ill of any age as an RN.	
Supervisor _____	Organization _____
Phone Number (605) _____ - _____ will verify my one-year work experience.	

## TESTING SITE INFORMATION:

<b>CERTIFIED TEST OBSERVER APPLICANT:</b> I will administer tests as a regular part of my duties with no compensation from HEADMASTER or SDHCA. I am working as a Certified Test Observer for the organization listed below. Certified Nurse Aide Candidates tested and/or any volunteer test subjects used will be employees and/or under contract of our organization and therefore covered by our organization's liability policy.	
As a Certified Test Observer for this organization, I understand that I have the option to test candidates who are not employed by our organization. I will administer these tests as a regular part of my duties with no compensation from HEADMASTER or SDHCA. Furthermore, candidates not employed and/or under contract by our organization that I agree to test will be covered by our organization's liability policy.	
I hereby verify that I understand and agree with the statements contained herein and all supplied information is true and correct.	
Organization _____	City _____ State _____ Zip _____
Supervisor _____	Director of Nursing (if applicable) _____
Phone# (605) _____ - _____	Email _____

## APPLICANT AND ORGANIZATION VERIFICATION:

The signatures below certify and verify that the applicant is known to the approved testing organization and the information listed above for both organization and applicant is true and correct.	
Supervisor's Signature _____	Date _____   _____   _____
Applicant's Signature _____	Date _____   _____   _____

# SOUTH DAKOTA CONFIDENTIALITY/NONDISCLOSURE AGREEMENT

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## CONFIDENTIALITY/NONDISCLOSURE AGREEMENT 1501SD

**Must be accompanied by form 1500SD (TO Application) or form 1515SD (Actor Agreement)**

I acknowledge the confidential nature of the nursing assistant competency examination. This includes the materials, processes, procedures and content of both the Knowledge and Manual Skills portions of the examination. I agree to safeguard the confidentiality of all information about the South Dakota 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.

If I am a Certified Test Observer/Proctor, I will not administer tests to nursing assistant candidates who are family or close personal friends.

Actor may be a volunteer, employee and/or resident of a WEBETEST® approved test site. Actors must be comfortable acting as a health care resident. If the Actor has any hesitation in participating in the simulation of one of the Manual Skills they should not apply to become an Actor.

If I am a Knowledge Test Proctor or an Actor, I will not be involved in the testing of nursing assistant candidates who are family or close personal friends. Also, I understand, as an Actor or Knowledge Test Proctor, I will not be able to apply to take the South Dakota nursing assistant examination for six months from the date that I last worked as an Actor or Knowledge Test Proctor helping to testing nursing assistant candidates in South Dakota.

This agreement extends to and includes, but is not limited to, allowing any unauthorized person to hear, view, videotape, or otherwise gain any knowledge about the exam or the exam processes and procedures 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 incur a \$100,000 breach of confidentiality fine. I agree to report any known or suspected breach in security relative to the nursing assistant competency examination in South Dakota by immediately calling the HEADMASTER home office at (800) 393-8664 or be considered as a party to the breach and treated as if I made the breach myself.

**To be completed by applicant wishing to become a Certified Test Observer:**

\_\_\_\_\_  
Certified Test Observer/Proctor Name (Print Clearly or Type)

\_\_\_\_\_  
Certified Test Observer/Proctor Address, City and Zip

(\_\_\_\_\_)\_\_\_\_\_

Phone #

\_\_\_\_\_  
Resident Actor Name (Print Clearly or Type)

\_\_\_\_\_  
Resident Actor Address, City, State, Zip

(\_\_\_\_\_)\_\_\_\_\_

Phone #

\_\_\_\_\_  
Knowledge Test Proctor name (Print Clearly or Type – *can be the same as Certified Test Observer*)

\_\_\_\_\_  
Knowledge Test Proctor Address, City, State, Zip

(\_\_\_\_\_)\_\_\_\_\_

Phone #

\_\_\_\_\_  
Certified Test Observer/Proctor Signature

\_\_\_\_\_  
Resident Actor Signature

\_\_\_\_\_  
Knowledge Test Proctor Signature

DATE: \_\_\_\_\_



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## TEST SITE AGREEMENT 1502

### ORGANIZATION INFORMATION:

Site/Organization Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

hereinafter known as the Test Site, will allow Certified Nurse Aide Knowledge and Skill exams to be administered at our organization, under the following guidelines for FLEXIBLE test site testing:

### **We are applying to be a FLEXIBLE Test Site and will comply with the following guidelines:**

- 1) A maximum of ten (10) candidate applications per test packet may be submitted per testing date per Certified Test Observer.
- 2) We will complete and mail or fax this form 1502SD (Test Site Agreement) and form 1503SD (Equipment List) to the South Dakota Health Care Association (SDHCA).
- 3) We will supply a HEADMASTER approved area for testing nurse aide candidates on the Knowledge and Manual skill tests. (2hrs knowledge and up to 6 hrs for individualized Manual skill tests on testing day)
- 4) We will designate a licensed RN with at least one-year of long-term health care experience that is *NOT* a Director of Nursing (if our organization has this position on staff) as our primary Certified Test Observer and have them complete the HEADMASTER Test Observer Certification Course prior to administering any tests in our organization.
- 5) We will use the HEADMASTER Knowledge and Skill tests included in the WEBETEST © software to test our candidates, each candidate with a different Knowledge and Skill test.
- 6) Since they will be our employees or residents, we will assume all liability for test candidates, Resident Actors, and Certified Test Observers used in the administration of HEADMASTER nursing aide testing in our organization.
- 7) We agree to unannounced visits by the SDHCA, and/or HEADMASTER for the purpose of observing tests in progress.

### **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 TEST SITE IS NOT UNDER ANY SOUTH DAKOTA DEPARTMENT OF HEALTH SANCTIONS AND I HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE GUIDELINES LISTED ABOVE.**

Organization's Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **For office use only:**

HEADMASTER Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# SOUTH DAKOTA EQUIPMENT LIST

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The Test Site MUST include all of the materials necessary to properly administer any of the randomly selected Manual Skills tests. The Test Observer is required to review all of the Manual Skills Tests they receive prior to administration and ensure the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

## TEST SITE EQUIPMENT LIST 1503

### Skill Test Room Requirements

- ☐ Privacy curtain
- ☐ Long-term care bed
  - o **Optional moving side rails**
  - o Must have working brakes
  - o Must be pre-made with full set of linens
- ☐ Bedside stand
- ☐ Over bed table
- ☐ Hand washing sink with faucets and running water
  - o Liquid soap
  - o Hand Sanitizer
  - o Paper towels
  - o Wastebasket

### Skill Test Equipment List

- ☐ Alcohol Swabs
- ☐ Antiembolic/Elastic Stocking
- ☐ Bar Soap
- ☐ Bedpans
- ☐ Clothing Protector per facility preference
- ☐ Biocular (teaching) Stethoscope
- ☐ Blood Pressure Cuff
- ☐ Call light—doesn't have to be a working call light
- ☐ Cane
- ☐ Catheter w/Tubing
- ☐ Chair
- ☐ Clothing items (various sizes)
  - o Resident Gown
  - o Non-skid Footwear (slipper/socks)
  - o Shirt/Sweater
- ☐ Cups/glasses
  - o Two clear 8oz (240cc or ml) glasses
  - o One clear 4oz (120cc or ml) juice glass
- ☐ Dentures with Denture Storage Container
- ☐ Disposable Isolation Gown & Gloves
- ☐ Emesis Basin
- ☐ Food Items—Individual Servings of Applesauce/Pudding
- ☐ Food tray
  - o Napkin
  - o Plate
  - o Silverware
- ☐ Gait Belt or Transfer Belt
- ☐ Graduate Cylinder—25cc increments

- ☐ Hair Brush, Hair Pick and/or Comb
- ☐ Ice Scoop
- ☐ Linen Hamper
- ☐ Linens
  - o Bedspread
  - o Bath Blanket
  - o Blankets
  - o 1 Flat Sheet
  - o 1 Fitted Sheet
  - o Pillowcases
  - o Pillows and Wedges
  - o Towels—Both Hand & Bath
  - o Under Pad/chuk
  - o Washcloths
- ☐ Marbles in an open basin labeled ICE
- ☐ Mouthcare Items
  - o Denture Brush
  - o Mouthwash
  - o Toothbrush /Toothettes
  - o Toothpaste
- ☐ Nail Care Items
  - o Nail file
  - o Nail clippers
  - o Nail Brush
- ☐ I & O Pads
- ☐ Pencil
- ☐ Standard Scale OR Analog Floor Scale
- ☐ Tissues
- ☐ Walker
- ☐ Water Pitcher
- ☐ Wheelchair
  - o Must have locking brakes

### Knowledge Test Requirements

- ☐ 12 #2 pencils
- ☐ headphones to plug into the computer speakers for Oral Tests

**Please call SDHCA at 1-800-952-3052 or HEADMASTER at 1-800-393-8664 if you have any questions.**

**Site Affidavit:** I hereby certify the facility listed below has the equipment listed herein and will make the equipment available to HEADMASTER certified Test Observer for the purpose of administering CNA Knowledge and Manual Skill tests to nurse aide candidates at our Site.

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

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

CNA Test Observer Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# SOUTH DAKOTA RESIDENT ACTOR AGREEMENT

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## Resident Actor Agreement Form 1515

Must be accompanied by form 1501SD (Confidentiality/Nondisclosure)

### PARTIES: (Please type or print)

This agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and  
between \_\_\_\_\_ of  
(Resident Actor)

\_\_\_\_\_  
(Address) (City) (State) (Zip) (Phone)  
hereinafter referred to as the Resident Actor and \_\_\_\_\_ of  
(CNA Test Observer)

\_\_\_\_\_  
(Address) (City) (State) (Zip) (Home Phone) (Work Phone)

hereinafter referred to as the Certified Test Observer for the purpose of providing SDHCA authorized tests to CNA candidates throughout South Dakota using SDHCA approved methods and procedures.

### Obligations:

The Certified Test Observer will certify the Resident Actor as a HEADMASTER/SDHCA certified Resident Actor, utilizing SDHCA approved instructional materials, before involving any Resident Actor in any testing scenario or providing any compensation to the Resident Actor. The Resident Actor will read, sign and abide by the Confidentiality/Nondisclosure agreement (Form 1501SD) hereby made a part and parcel to this agreement. The Resident Actor agrees to abstain from acting for "nurse aide" examinations being administered to personal friends and/or relatives. The Certified Test Observer will have the Resident Actor properly complete all legal forms and forward any applicable forms to HEADMASTER.

### Services Rendered:

The Resident Actor may be a volunteer, employee and/or resident of a WEBETEST© approved test site or will be paid by the facility \_\_\_\_\_ dollars for each nurse aide candidate for whom the Certified Test Observer utilizes the Resident Actor during the administration of the manual skill exam. No monetary compensation will be provided by HEADMASTER or SDHCA.

### Part Time Temporary Employment Status:

It is understood that the Resident Actor will be a volunteer or will have a part-time temporary employment status and, because the Resident Actor has part-time temporary employment status, under the terms of this agreement, there will not be any deductions from any compensation paid for health insurance or any retirement program. The Resident Actor will not be eligible for overtime pay, mileage compensation, or paid time for traveling to a work site or any other compensation except piecework payment for acting as a patient for each Manual Skills test. The Resident Actor will be solely responsible for any and all payments for their own health insurance, liability insurance and retirement benefits if they so desire. Further, the Resident Actor understands that, as part-time temporary employee, there may be withholding from any compensation paid as required by Federal and South Dakota statutes including, but not limited to, State and Federal withholding, FICA, Medicare, etc.

### Non-Discrimination:

It is agreed that all persons with responsibilities in the performance of the terms of this agreement shall not discriminate against any person(s) on the basis of race, religious creed, color, sex, national origin, age, political affiliation or beliefs, marital status, mental or physical handicap, or ancestry in any activities performed pursuant to this agreement.

### Modifications:

This document contains the entire agreement, except where otherwise specifically stated, between the parties hereto and shall not be enlarged, modified, altered, assigned, transferred or subcontracted except upon written agreement signed by all parties to this agreement. No statement, promises or inducements made by either party, which are not contained in this written contract, shall be valid or binding.

### Termination:

Either party may terminate this agreement with 30 days written notice to the other party, except for immediate termination in the case of nonperformance of any act or activity contained herein.

### Liability:

When administering manual skill tests, no organization's residents are to be used as test subjects (Resident Actors) unless they are covered by the approved WEBETEST© organization liability policy. HEADMASTER, LLP or SDHCA assume no liability for test candidates, test subjects, Certified Test Observers or Resident Actors and any and all claims resulting from negligence or any other act or action will be borne by the negligent party.

Resident ACTOR'S Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CNA TEST OBSERVER APPLICANT: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_