



ARIZONA MEDICATION ASSISTANT

**RN TEST OBSERVER OR TESTING SITE EQUIPMENT LIST AND AFFIDAVIT FORM 1503AM**

(For **TEST SITES**: this form **MUST** be accompanied by form **1502AM** (including photos of test site and equipment for D&SDT-HEADMASTER review.)  
 (For **RN TEST OBSERVERS**: this form must be accompanied by forms **1500AM, 1501AM and 1505AM.**)

To be approved, a testing site must have all of the materials listed for Testing Sites. To be certified and remain active, RN Test Observers are required to review each skill test received prior to test administration and must ensure that all test site equipment and supplies are available prior to starting any testing. Please refer to the following list for equipment, supplies and room requirements required to be provided by the test and items brought to the test site with the RN Test Observer.

**EQUIPMENT/SUPPLIES PROVIDED BY TESTING SITE**

- At least three internet connected computers, laptops or tablets in the Knowledge Test room with a good internet connection (WiFi, etc.)
- Two internet connected computers, laptops or tablets in the Skill Test room with a good internet connection, one for RN Test Observer and one for Candidate (WiFi, etc.)
- **Medication Cart** – with an empty drawer to be used for testing.  
 Dimensions of drawer: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_
- Hand washing sink with running water, soap and paper towels
- Long term care bed, without side rails, with working bed brakes and bed controls
- Teaching (binaural) stethoscope
- Bedside stand
- Overbed table
- Wastebasket(s)
- Hand sanitizer(s)
- Disposable gloves in assorted sizes
- Disposable small cups for water
- Medication cups
  - Disposable paper souffle medicine cups
  - Disposable clear, w/measurements, medicine cups
- Q-Tips
- Tissues (Kleenex)
- Wall clocks – in knowledge test room and skills lab (*skills lab clock must have second hand*)

- Call light or signaling device (*doesn't have to be a working call light*)
- Wheelchair with working brakes with removable footrests (*remove footrests for testing*)

**ROOM REQUIREMENTS**

- **Distraction and Interruption Free Skills Lab** – with all equipment and supplies listed available and in good working order
  - Any signage (posters) or displays that may cue candidates must be covered or removed for test days
  - If the skills lab and/or knowledge test room have any interior windows (i.e. – on the door), they would need to be covered (blinds/etc.) during testing to maintain a distraction free testing environment
- **Distraction and Interruption Free Knowledge Test Room**
- **Holding or Waiting Area** – where candidates may wait to take the exam

**Due to test security, active cameras or video devices in the skills lab or knowledge test room are prohibited!**

**ITEMS PROVIDED BY RN TEST OBSERVER**

- **Resident medication testing boxes to be placed in test site provided medication cart**  
 (*resident's boxes are provided to testing team by D&SDT-HEADMASTER*)  
*Recommended additional items to carry in testing kit:*
  - Back up disposable small cups
  - Back up medication cups (paper souffle/liquid med cups)
  - Back up hand sanitizer(s)
  - Back up tissues (Kleenex)
  - If not using TMU© timer: audible count-down timer(s)

**TEST SITE AFFIDAVIT:** (To be filled out by the Test Site contact person)

We hereby certify that-

Facility Name: \_\_\_\_\_ Contact Person's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Test Site Physical

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

has the equipment listed herein and will make the equipment available to certified RN Test Observers for the purpose of administering medication assistant knowledge and skill tests to medication assistant candidates at our test site for days we have scheduled test events in TMU©.

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

**RN TEST OBSERVER AFFIDAVIT:** (To be signed by the RN Test Observer when applying for certification.)

I hereby certify that test sites where I test will be checked before starting each test event to ensure that the test site equipment listed herein is available and in good working order. If not, I will report missing or inoperable test site equipment by listing it in TMU© under the test discrepancies before submitting my test event observations for scoring.

RN Observer Name: \_\_\_\_\_ Date: \_\_\_\_\_ RN Signature: \_\_\_\_\_