

IDAHO NURSE AIDE TESTING SITE SELECTION AND PAYMENT

1. Complete Option 1 – Fixed Test Dates **OR** Option 2 – Flexible Test Sites
2. Include one **Form 1101** (front and back) for *Initial Applications for EACH CANDIDATE.*
OR
3. Include **Form 1301ID** (HEADMASTER Failure Notice) for *EACH CANDIDATE* Retesting.
4. List the Name and Social Security Numbers for Each Candidate Testing on Form 1403.

REGULAR AND PRIORITY FAXED APPLICATIONS MUST BE RECEIVED 10 WORKING DAYS BEFORE 1ST REQUESTED TEST DATE.

OPTION 1-FIXED TEST DATES (Pick 1ST and 2ND Choice From Form 1700ID)

1 ST Choice Test Date	2 ND Choice Test Date
Test Month / Test Date _____ / _____	Test Month / Test Date _____ / _____
4 Digit Test Site # _____	4 Digit Test Site # _____
Test Site Name _____	Test Site Name _____

OPTION 2-APPROVED FLEXIBLE TEST SITES

Name of Flexible Test Site _____

Assigned 4 Digit Test Site # _____

Site Address _____ City _____ State _____ Zip _____

Flexible Site Contact Person's Name _____

Email _____ Phone (____) _____ - _____

Name of Certified WTP _____ WTP ID Number _____ - _____ - _____

Mutually agreed upon Pre-Scheduled Test Date ____/____/____ Agreed upon Time _____ AM/PM

PAYMENT OPTIONS

SPONSOR	TYPE OF PAYMENT ACCEPTED	REMARKS
INDIVIDUAL	Cashiers Check Money Order Credit/Debit Card	Use if you are sponsoring yourself (paying your own fees for the exam) Make check or money order payable to the NATCEP School at which you will be testing.
FACILITY	Facility/Business Check Credit Card Purchase Order (PO)*	*Only from Credit Approved Facility call 800-393-8664 for credit applications or go to www.hdmaster.com

IDAHO NURSE AIDE TESTING SITE SELECTION AND PAYMENT

This form **MUST** be accompanied by **Form 1101 ID** or **Form 1301 ID**

Complete and return to the NATCEP School at which you will be testing.

DO NOT SEND TO HEADMASTER.

Tests-Services	# Requested	Price	Total Cost	Remarks
Written		\$30.00		If retesting , attach form 1301 for each retest candidates
Oral		\$40.00		If retesting , attach form 1301 for each retest candidates
Priority Service For applications received by fax 10 workdays before first test date.		\$5.00		10 Day PRIORITY SERVICE (Optional) Fax 406-442-3357 available Monday-Friday 8:00am-3:00pm MST – Holidays Excluded. Applications will be processed and notification letters mailed on the workday the applications are received by fax. Available for emergency situations. <i>Ten (10) workdays advanced notice before 1st Test Date choice is still required.</i>
Express Service For applications received by mail or fax between 5 and 9 workdays before the first requested test date.		\$15.00		OPTIONAL EXPRESS SERVICE: Application(s) must be received at least five workdays prior to 1 st requested test date. <u>Additional \$15 per candidate.</u>
Express Overnight Shipping Charge		\$25.00		EXPRESS OVERNIGHT Shipping charge of \$25.00 per site when requesting Optional Express Service. (No additional Fax charge if using this option.)

GRAND TOTAL DUE

	TYPE OF PAYMENT	TOTAL AMOUNT OF PAYMENT
INDIVIDUAL	CASHIERS CHECK or MONEY ORDER	\$
	CREDIT CARD INFORMATION – Fill in Below	
FACILITY	Facility Name: _____ Contact Person: _____ Phone Number: _____	
	FACILITY/BUSINESS CHECK	\$
	CREDIT CARD TYPE (e.g. VISA, M/C) Credit Card Number: _____ Expiration Date: _____ Name As Printed On Credit Card: _____ Authorized Signature: _____	\$
	PURCHASE ORDER (PO) NUMBER _____	\$
	TOTAL PAYMENT (MUST AGREE WITH GRAND TOTAL ABOVE)	\$