RATE STRUCTURE- FORM 1402MT

MONTANA NURSE AIDE TESTING OFFICE USE ONLY: **PACKET #** _____

Note: After all these years we are forced to raise prices. New pricing effective 2-15-09...

IF YOU ARE "CHALLENGING "THE TEST BECAUSE OF LAPSED CERTIFICATION OR YOU HAVE NOT COMPLETED A "STATE OF MONTANA" APPROVED NURSE AIDE TRAINING COURSE or IF YOU MUST TEST at a REGIONAL TEST SITE, FILL OUT THIS SECTION:

Location/Facility Site#_____
(Listed on Site Schedule)

NAME OF REGIONAL TESTER:_____

One written (or written/oral) test for each candidate:

(#)			
_____	written test(s)	@ **$**20.00 per candidate ----------	$_____
_____	written/oral test(s)	@ **$**31.00 per candidate ----------	$_____
_____	skill test(s)	@ **$**77.00 per candidate ----------	$_____
_____	skill retest(s)	@ **$**77.00 per candidate ----------	$_____

If retest, ATTACH Form 1301 (test results pass/fail letter) for each candidate.
_____ **PRIORITY FAX SERVICE (processed the day received) @ $5.00 per candidate** $_____
Available Monday - Friday (8:00 am to 3:30 pm). 406-442-3357

THIS SECTION NEEDS TO BE FILLED OUT BY A FACILITY'S RN CERTIFIED TEST PROCTOR FOR CANDIDATES EMPLOYED AT THE FACILITY and WHO ARE TO BE TESTED AT THE APPROVED TRAINING/TESTING FACILITY LISTED BELOW:

Name of APPROVED FACILITY: ----------> _____

City/State of APPROVED FACILITY: ----------> _____

Facility Site# _____ Phone Number# (406) _____ - _____

NAME OF CERTIFIED TEST PROCTOR: _____

ID# OF CERTIFIED PROCTOR: _____ - _____ - _____ TESTING DATE: _____/_____/_____

One written (or written/oral) test for each student:

(#)			
_____	written test(s)	@ $20.00 per student ----------	$_____
_____	written/oral test(s)	@ $31.00 per student ----------	$_____
_____	skills test(s)	@ $45.00 per student ----------	$_____
_____	skills retest(s)	@ $45.00 per student ----------	$_____

If retest ATTACH Form 1301 (test results pass/fail letter) for each candidate.
_____ **PRIORITY FAX SERVICE: (processed the day received)** @ $5.00 per candidate $_____
Available Monday - Friday (8:00 am to 3:30 pm). 406-442-3357

NO PERSONAL CHECKS!!
SEND A MONEY ORDER/CASHIER CHECK/VISA OR MASTERCARD **TOTAL ENCLOSED:** _____

VISA or MASTERCARD#_____ Expires: _____ **/** _____
Name/Address/City/State/Zip as it appears on credit card:

Name: _____

City: _____ State: _____ Zip: _____

Signature: _____

Mail this form and your application (form 1101) to HEADMASTER @ PO BOX 6609 – HELENA, MT 59604
Note! A 10 business day notice is needed when requesting a paper exam. Eliminate wait time and paper!
Ask about our ON-LINE TESTING using WEBETEST©.

I WOULD LIKE TO TEST ON-LINE ☐