



**Replacement Request for OHIO STNA Card**

**D&S Diversified Technologies**

P.O. Box 418 Findlay, OH 45839

Toll free: 877-851-2355 Fax: 419-422-8328

[www.hdmaster.com](http://www.hdmaster.com) e-mail: [hdmastereast@hdmaster.com](mailto:hdmastereast@hdmaster.com)

**General facts:**

- ◆ \$25.00 fee (money order, cashier’s check, credit / debit card) NO PERSONAL CHECKS
- ◆ An expired license will NOT be replaced; you MUST be active on the registry
- ◆ Any name change must be updated with the Ohio Nurse Aide Registry by calling toll free (1-800-582-5908) or by including a copy of the court records with this application (i.e. Marriage license, Divorce decree, etc.)

**Complete the application below & return with your \$25.00 fee to:**

D & S Diversified Technologies PO Box 418 Findlay, OH 45839:

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
                    First                                Middle                                Last                                Maiden

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Form of payment: \$25.00 fee (NO PERSONAL CHECKS)**

I have enclosed a \_\_\_\_\_ Money Order \_\_\_\_\_ Cashiers Check \_\_\_\_\_ Credit/Debit Card

\_\_\_\_\_ VISA # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ MC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_

By signing this form I authorize D & S Diversified Technologies to charge my credit / debit card

**Office use only:**

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Date received: \_\_\_\_\_ License mailed \_\_\_\_\_

Payment type: \_\_\_\_\_ Sent by: \_\_\_\_\_

Ohio Nurse Aide Registry notified (if applicable) \_\_\_\_\_