

D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-851-2355 — FAX 419-422-8328 — www.hdmaster.com

PROVIDING NURSE AIDE TESTING SOLUTIONS THROUGHOUT VERMONT EFFECTIVE SEPT. 1, 2009

D&S Diversified Technologies TESTING AND FEE STRUCTURE form 1402 VT

**Must fill out Option 1 or 2 (below) and the Payment Option

****Applications without payment authorization will be RETURNED****

- For *initial paper applications* include one **Form 1101 VT** for **EACH CANDIDATE & TRAINING ROSTER**
- For D&S DT *paper retest applications* include **Form 1301 VT (D&S DT failure notice)** from **EACH CANDIDATE**
- **Regular and priority faxed applications MUST** be received in Findlay **10 Working Days** before 1st requested test date.

OPTION 1: D&S DT Approved Flexible Test Sites – Only in Facility Training & Educational Programs testing in their own facilities

Name of Flexible Test Site: _____ **Mutually agreed upon Pre-Scheduled Test Date**
 _____/_____/_____
 Agreed Upon Testing Time(s): _____ AM Flight _____ PM Flight Name of scheduled Observer: _____
 Print Flexible Site Contact Person's Name: _____ Email: _____
 Phone (____) _____-_____ Assigned 4 Digit Test Site #: _____ (Four digit # from D&S DT approved facility application form 1502 VT)
 Site Address: _____ City: _____ State: _____ ZIP: _____

OPTION 2: FIXED Test Dates - Candidates that must use Fixed (Regional) Test sites – Please pick a 1st and 2nd choice from Form 1700 VT

1st Choice Test Date: (From 1700 VT Test Schedule)

2nd Choice Test Date: (From 1700 VT Test Schedule)

4 Digit Test Site # _____	Test Site Name _____
Test Month _____	Test Date _____

4 Digit Test Site # _____	Test Site Name _____
Test Month _____	Test Date _____

TEST/SERVICE	# REQUESTED	ADVANCE PAY CANDIDATES	STATE (DAIL) FUNDED CANDIDATES	TOTAL COST
Written Test		\$29.00ea	N/A	
Oral Test		\$39.00 ea	N/A	
Skill Test		\$80.00ea	N/A	
Priority Fax Service		\$5.00ea	\$5.00 ea	
Overnight Shipping		\$19.50	\$19.50	
Express Service Fee		\$15.00ea	\$15.00ea	
No Show		No Refund	\$40.00 no reimbursement	
Reschedule Fee's		\$35.00	\$35.00 no reimbursement	
Cancellation Fee's		\$29.00	\$29.00 no reimbursement	

If retesting, attach form 1301 for each retest candidate.
ADA Accommodations MUST be pre-authorized by VBON.
10 Day PRIORITY FAX SERVICE (Optional) Fax 419-422-8328 available **Monday-Friday 8:00am-3:00pm EST** – Holidays Excluded.
 Applications will be processed and test confirmation letters mailed on the day the applications are received by fax. This option is available for emergency situations only. Ten (10) workdays advanced notice before 1st Test Date choice is still required.
OPTIONAL EXPRESS Overnight SERVICE: Application(s) must be received five workdays prior to 1st requested test date. An additional \$15 per candidate plus express overnight shipping charge of \$19.50 applies. (No additional Fax charges apply) ****IF YOU FAX IN YOUR APPLICATION PLEASE DO NOT ALSO MAIL THE ORIGINAL**
WEBETEST© High Volume users Internet electronic application submission. Call 1-877-851-2355 for more information

GRAND TOTAL ENCLOSED \$ _____ **NO PERSONAL CHECKS.** Candidates may **ONLY** send cashiers check, money order, or use Visa/MC. Checks from Facilities are acceptable **made payable to D&S Diversified Technologies** and sent to **PO Box 418 Findlay, OH 45840.**

CANDIDATES CURRENTLY EMPLOYED AS A NURSE AIDE OR HAVE AN OFFER OF EMPLOYMENT IN A SKILLED MEDICARE/MEDICAID FACILITY THAT ARE REIMBURSED BY DAIL DO NOT INCLUDE PAYMENT. Please call 802-241-2345 VT DAIL for questions concerning reimbursement status: Facility
 Name: _____ Address: _____ Phone: _____
 Contact Name: _____ Authorized Signature: _____ Print

Please Note: If forms are incomplete and/or the required documentation (**NO SIGNATURE ON 1101 or 1301***) or PAYMENT is not made, this application will NOT BE ACCEPTED and will be returned for completion. The date will be officially recorded upon receipt of the correct information AND TESTING FEES.

The submission of this application certifies that Testing Services are requested for the candidates included. D&SDT is hereby authorized to proceed with testing and the applicant(s) understand(s) and agree(s) to abide by D&SDT testing, retesting, scheduling, rescheduling, cancellation, and No show policies as listed on form 1101 VT. If your application is faxed you will be charged a \$5.00 fax fee. I understand that if this is my first time testing that I must take both the written and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the written and skill test or for the portion of the test that I failed plus the fax fee.