

# D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

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

**PROVIDING NA 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 1<sup>st</sup> 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  
 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: \_\_\_\_\_  
 Name of scheduled Observer: \_\_\_\_\_

### **OPTION 2 FIXED Test Dates – Candidates that must use Fixed (Regional) Test sites – Please pick a 1<sup>st</sup> and 2<sup>nd</sup> choice from Form 1700 VT**

**1<sup>st</sup> Choice Test Date:** (From 1700 VT Test Schedule)      **2<sup>nd</sup> Choice Test Date:** (From 1700 VT Test Schedule)

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

Tests / Service	# Requested	Advance Pay Candidate	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		\$35.00	\$35.00 no reimbursement	
Cancellation		\$29.00	\$29.00 no reimbursement	
<b>Grand Total Enclosed \$ _____</b>				

**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 1<sup>st</sup> Test Date choice is still required.  
**OPTIONAL EXPRESS Overnight SERVICE:** Application(s) must be received five workdays prior to 1<sup>st</sup> 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  
 \*\*\*\*\*  
**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.**

If Facility paid then Facility name and address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Credit Card # (Visa, MC) \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print Name as it appears on credit card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**CANDIDATES CURRENTLY EMPLOYED AS A NURSE AIDES OR HAVE AN OFFER OF EMPLOYMENT IN A SKILLED MEDICARE/MEDICAID FACILITIES THAT ARE REIMBURSED BY DAIL DO NOT INCLUDE PAYMENT.** Please call 802-241-2345VT DAIL for questions concerning reimbursement status. Must list the Name and Location of the reimbursed Facility:

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date: \_\_\_\_\_ Facility: \_\_\_\_\_

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.

**CANDIDATE NAME      (Unsigned applications will be returned)      SIGNATURE      DATE**