



**MASSACHUSETTS MAP TESTING - D&S DIVERSIFIED TECHNOLOGIES**  
**SCHEDULING AND PAYMENT FORM (FORM 1402MP)**

**TESTING OPTIONS:** Only use Option 1 or Option 2, *never both*

**APPLICATIONS WITH INCOMPLETE PROGRAM INFORMATION, MISSING REQUIRED DOCUMENTATION OR PAYMENT WILL NOT BE ACCEPTED AND WILL BE RETURNED.**

If you are an **un-sponsored test candidate**, your payment must be received and you must be cleared to test before you can be scheduled for a knowledge test time.

**Testing Option 1: Regional Testing**

*This completed Form 1402MP must be received in our office 10 business days prior to the first requested test date (excluding Saturdays, Sundays and Holidays).*

**1<sup>st</sup> Choice Test Date** (Calendar can be found on [ma.tmuniverse.com](http://ma.tmuniverse.com))

Test Date	Test Site City	Test Site Name

**2nd Choice Test Date** (Calendar can be found on [ma.tmuniverse.com](http://ma.tmuniverse.com))

Test Date	Test Site City	Test Site Name

**Testing Option 2: Provider (flexible) Testing** *(A MAP certified trainer must complete this section.)*

<b>Name of Site and Address:</b>	<b>Event Date</b>	<b>Testing Time- AM</b>	<b>Testing Time- PM</b>	<b>Facility Contact Phone #</b>	<b>Testing Facility Contact Person's Name</b>
<b>Agreed upon Test Proctor scheduled for this event:</b>				<b>Facility Contact Email:</b>	

**List up to eight candidate(s) Social Security Numbers for In-Facility testing:**


**Exam Types and Fee Payment**

# Requested	Tests/ Service Requested	Un-sponsored Candidate	Sponsored Candidate		Total
			<input type="checkbox"/> DDS# _____	<input type="checkbox"/> DDS# _____	
	Knowledge Test or Retake	\$43.00	No Charge		
	Medication Administration or Retake	\$71.00	No Charge		
	Transcription Test or Retake	\$71.00	No Charge		
	Medication Administration and Transcription Test Together	\$96.00	No Charge		
	D&SDT Staff-Assisted Reschedule	\$35.00	\$35.00 (Candidate pays)		
	Refund Fee	\$35.00	\$35.00 (Candidate pays)		
	Test Review Fee	\$25.00	\$35.00 (Candidate pays)		
	No Show	NO REFUND	\$45.00 (Candidate pays)		
	Priority Fax Service	\$ 5.00	\$5.00 (Candidate/Training Program pays)		
	Overnight Shipping Fee	\$39.50	\$39.50 (Candidate/Training Program pays)		
	Express Service Fee	\$15.00 each	\$15.00 each (Candidate/Training Program pays)		
				<b>Total Charges Due</b>	<b>\$</b>

Check method of payment:  Check (Sponsor Only) |  Cashier's Check |  Money Order |  Visa |  Master Card  
*Made payable to D&SDT | \*\* NO PERSONAL CHECKS ACCEPTED \*\* | D&SDT-Headmaster does not accept cash*

<b>For Visa or Master Card Payment</b>	<b>Credit Card #:</b>	<b>Expiration Date:</b>	<b>Billing Zip Code:</b>
<b>Authorized Card Holder Name as it appears on your credit card:</b>	<b>Authorized Card Holder Signature:</b>	<b>Today's Date:</b>	

**ADA ACCOMMODATIONS:** If you need special accommodations under the Americans with Disabilities Act, please see form 1404MP available on the MAP webpage at [www.hdmaster.com](http://www.hdmaster.com).

**NOTE: For Credit Card Payments- If payment is made by credit card and fee is disputed, you will be charged a \$35 charge back fee along with any testing fees.**

I also authorize a fax fee of \$5.00 charged to my credit card if I fax my application to D&SDT-Headmaster [Fax #: (406)442-3357]. 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 any test fees requested or for the portion of the test that I failed plus the fax fee. By signing this form I accept the policies as stated on this form and as stated in the candidate handbook. **Please call D&SDT at (888)734-6211 if you do not receive a test confirmation email within five days.**

Candidate Social Security Number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

(UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)