

D&S Diversified Technologies LLP (D&S DT)

PO Box #418, Findlay, OH 45839-0418

Toll Free 877-851-2355 – Local 419-420-1605 - Fax 419-422-8367 - www.hdmaster.com

PROVIDING Medication Aide (MA) TESTING SOLUTIONS THROUGHOUT the United States

D&S DT OHIO MA TESTING AND REGISTRY APPLICATION RATE STRUCTURE FORM 1402 OM

****Must fill out Option 1 or 2 (below) and the Payment Option **Applications received without payment will be RETURNED****

- For **initial applications** include one **Form 1101 OM** for **EACH CANDIDATE**
- For D&S DT **retest applications** include **Form 1301 OM (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: FIXED Test Dates-Candidates that must use Fixed (Regional) Test sites – Please pick a 1st and 2nd choice from Form 1700 OM

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

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

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

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

OPTION 2: 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 #: _____ (Last four digits of ODH # or from approved facility application form 1502 OH)

Site Address: _____ City: _____ State: _____ ZIP: _____

Name of agreed upon Evaluator: _____ Evaluator ID Number _____ - _____ - _____

List up to twelve candidate(s) social security numbers – for more than twelve use backside of this form

Test/Service	# Requested	\$Price\$	Total Cost (#X\$)
Written		\$23.00 ea	
Oral		\$33.00 ea	
Skills		\$73.00 ea	
ADA		\$50.00 ea	
Reschedule		\$35.00 ea	
Cancellation		\$23.00 ea	
Priority Fax Service		\$5.00 ea	
Overnight Shipping		\$19.50	
Express Service Fee		\$15.00 ea	

Grand Total Enclosed _____

NO PERSONAL CHECKS. Checks from Facilities are acceptable.

If retesting, attach form 1301 for each retest candidate.

For ADA Accommodations attach form 1404 OM.

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 confirmation notices mailed on the day the applications are received by fax. Available for emergency situations. Ten (10) workdays advanced notice is still required before 1st Test Date.

OPTIONAL EXPRESS SERVICE: Application(s) must be received five workdays prior to 1st requested test date. Additional \$15 per candidate plus express overnight shipping charge of \$19.50 (No additional Fax charge.)

WEB ETEST® High Volume users toll free electronic application submission. Call 1-877-851-2355 for more information.

****IF YOU FAX YOUR APPLICATION PLEASE DO NOT MAIL THE ORIGINAL****

Candidates may **ONLY** send cashiers check, money order OR V/MC.

Make payment to D&S Diversified Technologies --- PO Box #418, Findlay, OH 45839-0418

If Facility paid then Facility name and address: _____

Credit Card # (Visa, MC) _____ Expiration Date: ____/____/____

Print Name as it appears on credit card: _____ Authorized Signature: _____

PO Number for credit approved Facilities: _____ **Facility Name:** _____

Print Contact Person: _____ **and list phone number:** _____

SIGNATURE OF PERSON COMPLETING THIS FORM: _____ **Phone #:** _____

Please Note: If submitted forms are incomplete and/or the required documentation (TRAINING CERTIFICATE, NO SIGNATURE ON 1101 or PAYMENT is not included), this application will NOT BE ACCEPTED and will returned for completion. Our official date of receipt will not be recorded until we receive the correct information and testing fees.

Official Use Only: Site# _____ Packet# _____ Test Date: _____ Scheduler: _____