



**D&S Diversified Technologies LLP**

**Headmaster LLP**

**D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP**  
MT Office: P.O. Box 6609 | Helena, MT 59604-6609  
OH Office: P.O. Box 418 | Findlay, OH 45839  
(800)393-8664 | (888)401-0462 | (877)851-2355 | Fax: (406)442-3357  
[hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com) | Website: [www.hdmaster.com](http://www.hdmaster.com)

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ARIZONA NURSE AIDE

**CANDIDATE PAYMENT AND SCHEDULING FORM-1402AZ**

**Candidate Information:**

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**MONEY ORDER/CASHIER'S CHECK PAYMENT:**

Money Order/Cashier Check Number: \_\_\_\_\_

*Make money order/cashier check payable to:  
**HEADMASTER**  
and mail to – P.O. Box 6609 - Helena, MT 59604*

**CREDIT/DEBIT CARD PAYMENT (MasterCard or VISA only):**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Print Name as it appears on credit/debit card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Exam Fee Payment**

# REQUESTED	TESTS / SERVICE REQUESTED	SELF-PAY TESTING FEES	SKILLED NURSING FACILITY RATE ONLY	TOTALS
	Knowledge Test or Retake	\$35.00/candidate	\$21.06/candidate	
	Oral Knowledge Test or Retake	\$45.00/candidate	\$26.59/candidate	
	Skill Test or Retake	\$95.00/candidate	\$58.95/candidate	
	Reschedule	\$35.00	\$35.00 (NO REIMBURSEMENT)	
	Refund Request Fee	\$35.00	\$35.00 (NO REIMBURSEMENT FROM AZBN)	
	Test Review Fee	\$25.00	\$25.00	
	No Show	NO REFUND	\$40.00 (NO REIMBURSEMENT)	
	Priority Fax Service (406)442-3357	\$5.00	\$5.00	
			<b>GRAND TOTAL</b>	<b>\$</b>

*PERSONAL CHECKS AND CASH ARE NOT ACCEPTED.*

**TEST SITE AND DATE SELECTION**

**1<sup>st</sup> Choice Test Date** (From Form 1700AZ-Test Schedule)

**2<sup>nd</sup> Choice Test Date** (From Form 1700AZ-Test Schedule)

Test Site #	Test Date	Test Site Name	Test Site #	Test Date	Test Site Name

**ADA ACCOMMODATION**

I need special accommodations under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404AZ is available at [www.hdmaster.com](http://www.hdmaster.com) or call HEADMASTER at (800)393-8664.

I also authorize a fax fee of \$5.00 charged to my credit card if I fax my application into HEADMASTER. I also understand that if this is my first time testing that I must take both the knowledge and skill test. If this is a re-take test I must re-test only 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 knowledge and skill test or for the portion of the test that I failed plus the fax fee. PLEASE CALL (800)393-8664 IF YOU DO NOT RECEIVE AN E-MAIL TEST CONFIRMATION WITHIN FIVE DAYS.

**CANDIDATE'S SIGNATURE:** \_\_\_\_\_ *(Unsigned Payment & Scheduling Forms will be returned.)*