



KNOWLEDGE EXAM AUDIO VERSION FEE PAYMENT

CANDIDATE PAYMENT FORM 1402CND-AUDIO

Candidate Information:

Last Name: _____ First Name: _____

Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

CANDIDATE'S SIGNATURE: _____ (*unsigned payment forms will not be processed, will be shredded if a credit/debit card payment is included, or will be mailed back if a money order or cashier's check is included*)

MONEY ORDER/CASHIER'S CHECK PAYMENT: _____ →

Money Order/Cashier Check Number: _____

AR, MA, MD, MS, OH (CNA & LEAD), WI

Make money order/cashier's check payable to: **D&SDT**

AZ (NA & MA), CA, MT, NM, OK, WY

Make money order/cashier's check payable to: **HEADMASTER**
And mail to P.O. Box 6609, Helena, MT 59604

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

Card Number: _____ Card Expiration Date: _____ Zip Code Affiliated with Card: _____
XXXX-XXXX-XXXX-XXXX mm/yy

Printed Name on credit/debit card: _____ Signature of Cardholder: _____

Knowledge Exam Audio Fee Payment

Please check the state you are paying the Knowledge Exam Audio Version Fee for below.	KNOWLEDGE AUDIO EXAM FEE	TOTAL
Nurse Aide – Audio Version of the Knowledge Exam Fee \$10.00: <input type="checkbox"/> ARIZONA <input type="checkbox"/> MASSACHUSETTS <input type="checkbox"/> OKLAHOMA LTC/HHA <input type="checkbox"/> ARKANSAS <input type="checkbox"/> MISSISSIPPI <input type="checkbox"/> WYOMING <input type="checkbox"/> CALIFORNIA <input type="checkbox"/> OHIO CNA	\$10.00/CANDIDATE	
Nurse Aide – Audio Version of the Knowledge Exam Fee \$5.00: <input type="checkbox"/> MARYLAND	\$5.00/CANDIDATE	
<input type="checkbox"/> NEW MEXICO	\$5.00/CANDIDATE (PLUS A 4.875% NON-REFUNDABLE NEW MEXICO GROSS REVENUE TAX FEE)	
Nurse Aide – Audio Version of the Knowledge Exam Fee \$5.25: <input type="checkbox"/> WISCONSIN	\$5.25/CANDIDATE	
Nurse Aide – Audio Version of the Knowledge Exam Fee \$11.00: <input type="checkbox"/> MONTANA	\$11.00/CANDIDATE	
Medication Assistant – Audio Version of the Knowledge Exam Fee \$10.00: <input type="checkbox"/> ARIZONA MEDICATION ASSISTANT	\$10.00/CANDIDATE	
Ohio LEAD – Audio Version of the Knowledge Exam Fee \$10.00: <input type="checkbox"/> OHIO LEAD ABATEMENT	\$10.00/CANDIDATE	
Priority Fax Service: (406)442-3357 NOTE: I also authorize a \$5.00 fax fee to be charged to my credit card if I fax my payment form to D&SDT-Headmaster.	\$5.00/CANDIDATE	
PERSONAL CHECKS AND CASH ARE NOT ACCEPTED. BY SUBMITTING THIS FORM, YOU ARE RESPONSIBLE FOR PAYING THE TESTING FEES, EVEN IF YOU ARE A NO-SHOW FOR YOUR TEST EVENT.	TOTAL:	