



Missouri Nurse Aide
FACILITY PAYMENT FORM 1402FAC-MO

If paying with a PO or Credit/Debit Card, please use the fillable form available on the Missouri webpage at www.hdmaster.com

For Facility Use Only:

Facility Name: _____ Contact Name: _____

Contact Phone #: _____ Contact Email: _____

Facility Billing

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

PURCHASE ORDER (PO) PAYMENT:

Purchase Order Number: _____

Must establish credit terms with D&SDT-HEADMASTER
[FACILITY ACCOUNT INFORMATION FORM](#)

MONEY ORDER/CASHIER'S CHECK:

Money Order/Cashier's Check Number: _____

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

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

Card Number: _____ Expiration Date on Credit/Debit card: _____ Zip: _____
xxxx-xxxx-xxxx-xxxx xx/xx

Printed name as it appears on card: _____ Signature of Cardholder: _____

Exam Fee Payment

| # REQUESTED | TESTS / SERVICE REQUESTED | TESTING FEES | TOTALS |
|-------------|---|---------------------|--------|
| | KNOWLEDGE EXAM or Knowledge Exam Retake | \$32.00/CANDIDATE | |
| | Knowledge Exam Add-on Option: Audio Version of the Knowledge Exam or Retake <i>(With this add-on, candidates will listen to the test questions/answers with headphones or earbuds, read through the computer, and see the questions/answers on the screen to read along.)</i> | \$32.00/CANDIDATE | |
| | SKILL TEST or Skill Test Retake | \$103.00/CANDIDATE | |
| | No Show | NO REFUND | |
| | Priority Fax Service (406) 442-3357 <i>(If this form is faxed to Headmaster)</i> | \$5.00/CANDIDATE | |
| | D&SDT-HEADMASTER STAFF SCHEDULING FEE (NON-REFUNDABLE) | \$150.00/TEST EVENT | |
| | (CLOSED TEST SITES ONLY) A closed test site means the event will be for our candidates only, and we will not release empty seats to be filled by at-large candidates. MINIMUM OF SIX KNOWLEDGE AND SKILL TEST CANDIDATES CLOSED TEST SITE EVENT DEPOSIT <i>(Refundable in some instances)</i> PROPOSED CLOSED KNOWLEDGE & SKILLS EVENT TEST DATE: _____ | \$810.00/TEST DAY | |
| | (CLOSED TEST SITES ONLY) MINIMUM OF SIX SKILL TEST-ONLY CANDIDATES CLOSED TEST SITE EVENT DEPOSIT <i>(Refundable in some instances)</i> PROPOSED CLOSED SKILL TEST EVENT TEST DATE: _____ | \$618.00/TEST DAY | |
| | | TOTAL: | |

Please list the candidates on the next page.



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: 333 Oakland Avenue | Findlay, OH 45840
(800)393-8664 | (888)401-0462 | (877)851-2355 | Fax: (406)442-3357
hdmaster@hdmaster.com | Website: www.hdmaster.com

Innovative, quality technology solutions throughout the United States since 1985.

CANDIDATE INFORMATION

| | LAST NAME | FIRST NAME | DATE OF BIRTH | CHECK BOX IF AUDIO REQUESTED |
|----|-----------|------------|---------------|------------------------------|
| 1 | | | | <input type="checkbox"/> |
| 2 | | | | <input type="checkbox"/> |
| 3 | | | | <input type="checkbox"/> |
| 4 | | | | <input type="checkbox"/> |
| 5 | | | | <input type="checkbox"/> |
| 6 | | | | <input type="checkbox"/> |
| 7 | | | | <input type="checkbox"/> |
| 8 | | | | <input type="checkbox"/> |
| 9 | | | | <input type="checkbox"/> |
| 10 | | | | <input type="checkbox"/> |
| 11 | | | | <input type="checkbox"/> |
| 12 | | | | <input type="checkbox"/> |