



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 Check Number: _____

Make money order/cashier 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: _____

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

Exam Fee Payment

# REQUESTED	TESTS / SERVICE REQUESTED	TESTING FEES	TOTALS
	Knowledge Exam or Retake	\$32.00/CANDIDATE	
	Audio Knowledge Exam or Retake	\$32.00/CANDIDATE	
	Skill Test or Retake	\$103.00/CANDIDATE	
	No Show	NO REFUND	
	Priority Fax Service (406)442-3357 (If this form is faxed to Headmaster)	\$5.00/CANDIDATE	
	D&SDT-HEADMASTER STAFF SCHEDULING FEE (NON-REFUNDABLE)	\$150.00/TEST EVENT	
	(CLOSED TEST SITES ONLY) CLOSED TEST SITE EVENT FEE (NON-REFUNDABLE) <i>PROPOSED CLOSED TEST EVENT TEST DATE:</i> _____	\$150.00/TEST DAY	
	(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 (Refundable in some instances) <i>PROPOSED CLOSED KNOWLEDGE & SKILLS EVENT TEST DATE:</i> _____	\$810.00/TEST DAY	
	(CLOSED TEST SITES ONLY) MINIMUM OF SIX SKILL TEST-ONLY CANDIDATES CLOSED TEST SITE EVENT DEPOSIT (Refundable in some instances) <i>PROPOSED CLOSED SKILL TEST EVENT TEST DATE:</i> _____	\$618.00/TEST DAY	
		GRAND TOTAL	\$

Please list the candidates on the next page.



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"/>