

1<sup>st</sup> Choice Test Date: (From published Test Schedule)

Test Site Name

## **HEADMASTER LLP**

P.O. Box 6609, Helena, MT59604-6609 800-393-8664 – Fax: 406-442-3357 www.hdmaster.com Innovative, quality technology solutions throughout the United States since 1985.

Test Site Name

NEVADA NURSING ASSISTANT - HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES

## SCHEDULING & PAYMENT FORM (FORM 1402NV-F)

Testing	Pref	eren	ce:
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4 Digit Test Site #

-This completed Form 1402NV-F must be received 8 business days prior to the first requested testing day (excluding Saturdays, Sundays & Holidays)

2<sup>nd</sup> Choice Test Date: (From published Test Schedule)

4 Digit Test Site #

	Test Month	Test Date	Test Month	Test Date
		n next to his/her Test ID number or Social Se the NSBN approved Nevada Nursing Assistar		re means s(he) has read, understood and agrees to aster.com)
nc	lidate Test ID # or Social Security #	Candidate Signature	Candidate Test ID # or Social Security	# Candidate Signature

## **EXAM TYPES AND FEE PAYMENT**

# REQUESTED	TESTS / SERVICE REQUESTED	TESTING FEES	TOTALS	
TEROLOTED	Knowledge Test or Knowledge Test Retake	\$45.00/candidate		
	Knowledge Test: Test Site Use/Consumables Fee per candidate	\$7.50/component		
	Skill Test or Skill Test Retake	\$90.00/candidate		
	Skill Test: Test Site Use/Consumables Fee per	\$7.50/component		
	Priority Fax Service (406-442-3357) per candidate	\$5.00/candidate		
	Overnight Shipping of paper tests per test event packet	\$39.50/packet		
	Express Service Fee per test event packet	\$20.00/packet		
	No Show	No Refund		
	HEADMASTER Staff Assisted Reschedule Fee - Online reschedules are free	\$35.00 each		
	Cancellation	\$45.00 each		
	Test Review Fee	\$25.00		
	Oral Knowledge Test -> List Name(s) here:	Additional \$10 each		
	Closed Facility Test Event Deposit: Test Date/	\$900.00/Test Event		
	*****NO PERSONAL CHECKS ACCEPTED*****	GRAND TOTAL:	\$	

Check method of payment:	Check (Facility Only)	Cashier's Check	Money Order	Visa	_ Master Card	
Card #:	Expiration [	Date: Authoriz	ed Signature:			
Print name as it appears on your	credit card:			Zip Code:		

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application to 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 only need to retest 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 OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. \*\*\*NO PERSONAL CHECKS ACCEPTED\*\*\*