D&S Diversified Technologies LLP Headmaster LLP	D&S DIVERSIFIED TECHNOLOG MT Office: P.O. Box 6609   OH Office: P.O. Box 412 (800)393-8664   (888)401-0462   (8 <u>hdmaster@hdmaster.com</u>   W TENNESSEE NURSE AID	Innovative, quality technology solutions throughout the United States since 1985.		
CA				
Candidate Information:				
Last Name:	First Name:			
Phone #: En	nail:			
Address:	City:	State:	Zip:	
Social Security Number:	Date of Birth:			
<b>MONEY ORDER/CASHIER'S CHECK PAYMENT</b> :		Make a money order/cashier check payable to: D&SDT		
Money Order/Cashier Check Number:		and mail to – P.O. Box 6609 - Helena, MT 59604		
CREDIT/DEBIT CARD PAYMENT (Ma	sterCard or VISA only):			
Card Number:	Card Expiration Date:	Zip Code Affiliated w	vith Card:	

Printed Name on credit/debit card: \_\_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_\_

## **Exam Fee Payment**

# Requested	TESTS / SERVICE REQUESTED	Self-Pay Testing Fees	HFC FUNDED	TOTALS	CHECK IF ORAL NEEDED
	KNOWLEDGE TEST OR RETAKE	\$40.00/candidate	N/A		
	KNOWLEDGE <u>AUDIO VERSION</u> TEST OR RETAKE	\$40.00/candidate	N/A		
	SKILL TEST OR RETAKE	\$90.00/candidate	N/A		
	NO SHOW – Knowledge and Skill Test	No Refund	\$130.00/candidate		
	<b>Priority Fax Service: (406)442-3357</b> <u>NOTE</u> : I also authorize a fax fee of \$5.00 to be charged to my credit card <u>if</u> I fax my payment form to D&SDT-Headmaster.	\$5.00/candidate	\$5.00/candidate		
	Personal Checks and Cash are not accepted. By submitting this form, you are responsible for the payment of testing fees checked, even if you are a no-show for your test event.		TOTAL:		

## ADA ACCOMMODATIONS

If you need special accommodations under the Americans with Disabilities Act, to qualify, you must provide written documentation of your disability along with your application. ADA Form 1404 is available at www.hdmaster.com or call D&SDT-Headmaster at (877)201-0758.

If this is a re-take test, I must re-test only on the portion I failed. I understand that if I paid by credit card, my credit card will be billed for the knowledge and/or skill test <u>or</u> the portion of the test that I failed, plus the fax fee (if I fax this payment form to D&SDT-Headmaster). PLEASE CALL (877)201-0758 IF YOU DO NOT RECEIVE AN E-MAIL AND TEXT MESSAGE LETTING YOU KNOW YOUR FEES HAVE BEEN PAID AND YOU ARE READY TO SCHEDULE A TEST EVENT.

## 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.)