



TENNESSEE NURSE AIDE - D&S DIVERSIFIED TECHNOLOGIES
SCHEDULING AND PAYMENT FORM (FORM 1402TN)

TESTING OPTIONS: Only use Option 1 or Option 2, *never both*

Testing Option 1: Fixed (Regional) Testing

This completed Form 1402TN must be received in our office 10 business days prior to the first requested test date (excluding Saturdays, Sundays and Holidays).

1st Choice Test Date (From Form 1700TN-Test Schedule)

| Test Site # | Test Date | Test Site Name |
|-------------|-----------|----------------|
| | | |

2nd Choice Test Date (From Form 1700TN-Test Schedule)

| Test Site # | Test Date | Test Site Name |
|-------------|-----------|----------------|
| | | |

Testing Option 2: Flexible or In-Facility Testing *(Training and Education Programs testing in their own facilities.)*

High volume users may use WebETest© internet electronic application submission. Call (877)201-0758 for WebETest© application options and training.

| | | | | | | | |
|---|--|----------------------------|------------------------------|-------------------------|-------------------------|---|---|
| Name of Site and Address: | | 4-Digit Test Site # | Agreed Upon Test Date | Testing Time- AM | Testing Time- PM | Test Type ____ Electronic ____ Paper <i>Check which applies</i> | Testing Facility Contact Person's Name |
| | | | | | | | |
| Agreed Upon RN Test Observer Name: | | | | | | Facility Contact Phone # | Facility Contact Email |
| | | | | | | | |

Exam Types and Fee Payment

| # Requested | Tests/ Service Requested | Advance Pay | TDH Funded | Total |
|-------------|-------------------------------|--------------|--------------|-----------|
| | Knowledge Test or Retake | \$30.00 | N/A | |
| | Oral Knowledge Test or Retake | \$30.00 | N/A | |
| | Skill Test or Retake | \$68.00 | N/A | |
| | Reschedule | \$35.00 | \$35.00 | |
| | Refund Fee | \$35.00 | \$35.00 | |
| | Test Review Fee | \$25.00 | \$25.00 | |
| | No Show Fee | No Refund | \$40.00 | |
| | Priority Fax Service | \$ 5.00 | \$ 5.00 | |
| | Overnight Shipping Fee | \$39.50 | \$39.50 | |
| | Express Service Fee | \$15.00 each | \$15.00 each | |
| | Total Charges Due | | | \$ |

Check method of payment: Check (Facility Only) | Cashier's Check | Money Order | Visa | Master Card
*Made payable to D&SDT | **NO PERSONAL CHECKS ACCEPTED** | D&SDT-Headmaster does not accept cash*

Do not include payment if you are a candidate currently employed as a nurse aide in a Long Term Care Facility.

| | | | |
|---|--|-----------------------|--------------------------|
| Facility Pay: Purchase Order #: | Facility Name: | Facility Address: | Facility Phone: |
| Name of Authorizing Agent: | Title: | Phone: | Zip: |
| For Visa or Master Card Payment | | Credit Card #: | Expiration Date: |
| Authorized Card Holder Name as it appears on your credit card: | Authorized Card Holder Signature: | Today's Date: | Billing Zip Code: |

ADA ACCOMMODATIONS: If you need a special accommodation under the Americans with Disabilities Act, please see form 1404TN available on the Tennessee NA webpage at www.hdmaster.com.
NOTE: For Credit Card Payments- If payment is made by credit card and fee is disputed, you will be charged a \$35 charge back fee along with any testing fees. I also authorize a fax fee of \$5.00 charged to my credit card if I fax my application to D&SDT-Headmaster [Fax #: (406)442-3357]. (Fax fees are not reimbursable by TDH. 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 must re-test 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. By signing this form I accept the policies as stated on this form and as stated in the candidate handbook. Please call D&SDT at (877)201-0758 if you do not receive a test confirmation email within five days.

Candidate Social Security Number or Test Identification Number: _____ | _____ | _____ *(Your Test ID# is provided by your training program and in your test results email)*

Candidate Signature: _____ Date: _____ | _____ | _____

(UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)