



D&S Diversified Technologies LLP
Headmaster LLP

HEADMASTER LLP
P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

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

ARIZONA NURSING ASSISTANT – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES
SCHEDULING & PAYMENT FORM (FORM 1402AZ)

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

Testing Option 1: Regional Test Sites

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

1 st Choice Test Date: (From published 1700AZ Test Schedule)		2 nd Choice Test Date: (From published 1700AZ Test Schedule)	
4 Digit Test Site #	Test Site Name	4 Digit Test Site #	Test Site Name
Test Month	Test Date	Test Month	Test Date

Testing Option 2: In-Facility Test Sites

(A NA instructor must complete this section. The training program must be an AZBN/HEADMASTER/D&S DT certified test site to use this option.)

(High volume users may use Internet electronic application submission. Call 800-393-8664 for WEBETEST® application options and training.)

Name of Site _____ 4 Digit Test Site # _____
 Contact Person _____ Phone _____
 Contact Person E-Mail _____ Fax Number _____
 Name of Test Observer _____
 Date of Testing _____ Start time for Testing: _____ AM flight start _____ PM flight start
 Site Address _____ City _____ State _____ Zip Code _____
 List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

Exam Types and Fee Payment

*****NO PERSONAL CHECKS ACCEPTED*****

# Requested	Tests / Service Requested	Self-Pay Candidates	Skilled Nursing Facility Rate Only	Totals
	Knowledge Test or Retake - Available in English Only	\$30.00	\$21.06 each	
	Oral Knowledge Test or Retake - Available in English Only	\$40.00	\$26.59 each	
	Skill Test or Retake	\$88.00	\$58.95 each	
	Priority Fax Service (406-442-3357)	\$5.00	\$5.00 each	
	Overnight Shipping	\$39.50	\$39.50	
	Express Service Fee	\$15.00	\$15.00 each	
	No Show	NO REFUND	\$40.00 (no reimbursement)	
	Reschedule	\$35.00	\$35.00 (no reimbursement)	
	Cancellation	\$28.00	\$28.00 (and no reimbursement from State Board of Nursing)	
	Test Review Fee	\$25.00	\$25.00	
			GRAND TOTAL:	\$

Check method of payment: Check (Facility Only) Cashier's Check Money Order Visa Master Card

Card #: _____ Expiration Date: _____ Authorized Signature: _____

Print name as it appears on your credit card: _____ Zip Code: _____

ADA ACCOMMODATION

I need special accommodations under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404AZ is available at www.hdmaster.com or call HEADMASTER at 800-393-8664.

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application into 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 must re-test only 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*****

Candidate Social Security Number or Test Identification Number: _____ / _____ / _____ (on your test results letter for retakes –or– if you have misplaced your ID#, please call Headmaster)

Candidate Signature: _____

(UNSIGNED APPLICATIONS WILL BE RETURNED)