



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.*

SCHEDULING & PAYMENT FORM – FORM 1402MT MONTANA NURSE AIDE TESTING

Please select a test site from the Regional Test Site List posted on our website at www.hdmaster.com

Test Location (City): _____
(From Regional Test Site List)

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

Qty	Tests / Service Requested	Fee Schedule	Totals
	Knowledge Test or Retake	\$20.00	
	Oral Knowledge Test or Retake	\$31.00	
	Skill Test or Retake	\$77.00	
	Priority Fax Service (406-442-3357)	\$5.00	
	Overnight Shipping	\$39.50	
	Express Service Fee	\$15.00	
	Refund/Cancellation Fee	\$20.00	
	Test Review Fee	\$25.00	
	No Show	NO REFUND	
		TOTAL	\$

Check method of payment: _____ Facility Check _____ Cashier's Check _____ Money Order _____ Credit Card

Card #: _____ Expiration Date: _____ Zip Code: _____

Authorized Signature _____

Print name as it appears on your credit card: _____

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application to HEADMASTER. I also understand if this is my first time testing, 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 if I paid by credit card, my credit card will be billed for both the knowledge and skill test or for the portion of the test I failed plus the fax fee.

NOTE: Fees are valid for 6 months or until training expires, whichever comes first.

Candidate Social Security Number: _____ / _____ / _____ Printed Name: _____

Candidate Signature: _____ Phone (_____) _____ - _____ Email _____

For Facility Use Only: Payment Options: Check Credit Card (Fill out CC information in Rate Structure Section above)

Bill Facility (Authorization: Printed Name & Signature): _____

Facility Name: _____ Facility ID #: _____

Facility Billing Address _____

Enter Social Security numbers or Test ID numbers of candidates to be tested:

Mail this form and your application (Form 1101) to HEADMASTER @ PO BOX 6609, HELENA, MT 59604

***Note:** Ten business days notice is required when requesting a paper exam.