



D&S Diversified Technologies LLP
Headmaster LLP

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

NORTH DAKOTA PAYMENT AND SCHEDULING FORM (FORM 1402ND)

FOR USE BY NORTH DAKOTA FACILITIES

DIRECTIONS

For sites requesting paper packets (paper and pencil tests):

1. Do not need to fill out this form if you are using WebETest© (On-Line testing).
2. Mail completed forms at least 10 working days prior to requested test date.
3. Complete one Form 1402ND (this form) for each group of Candidates.
4. For initial applications include one Form 1101ND (NA application) for each candidate.
5. For retest applications include Form 1301ND (test results) for each candidate.

TEST DATE INFORMATION

Name of Test Site _____ Date test will be given ____/____/____
 Address _____ City _____ State _____ ZIP _____
 Phone (____) _____ - _____ Test Site four digit ID # _____ (see below)
 Name of Tester _____

COST PER TEST

# Requested	Tests / Service Requested	Self-Pay Candidates	Totals
	Knowledge Test or Retake - Available in English Only	\$30.00	
	Oral Knowledge Test or Retake - Available in English Only	\$40.00	
	Skill Test or Retake	\$65.00	
	Priority Fax Service (406-442-3357)	\$5.00	
	Overnight Shipping	\$39.50	
	Express Service Fee	\$15.00	
	No Show	NO REFUND	
	Reschedule	\$15.00	
	Cancellation	\$15.00	
	Test Review Fee	\$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: _____

NOTE: No nurse aide may be charged for any portion of a nurse aide training and/or competency evaluation program, including any fees for textbooks or other required course materials. 483.152(c) Federal Register Vol. 56 No. 187, not applicable to students at approved educational sites.