



D&S Diversified Technologies LLP
Headmaster LLP

HEADMASTER LLP
 P.O. Box 6609, Helena, MT59604-6609
 800-393-8664 – Fax: 406-442-3357
 www.hdmaster.com

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

NEVADA NURSING ASSISTANT – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES
SCHEDULING & PAYMENT FORM (FORM 1402NV-C)

Testing Preference:

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

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

EXAM TYPES AND FEE PAYMENT

# REQUESTED	TESTS / SERVICE REQUESTED	TESTING FEES	TOTALS
	Knowledge Test or Knowledge Test Retake	\$45.00/candidate	
	Knowledge Test: Test Site Use/Consumables Fee per candidate	\$7.50/component	
	Skill Test or Skill Test Retake	\$90.00/candidate	
	Skill Test: Test Site Use/Consumables Fee per	\$7.50/component	
	Priority Fax Service (406-442-3357) per candidate	\$5.00/candidate	
	Overnight Shipping of paper tests per test event packet	\$39.50/packet	
	Express Service Fee per test event packet	\$20.00/packet	
	No Show	No REFUND	
	HEADMASTER Staff Assisted Reschedule Fee - Online reschedules are free	\$35.00 each	
	Cancellation	\$45.00 each	
	Test Review Fee	\$25.00	
	Oral Knowledge Test -> List Name(s) here:	Additional \$10 each	
	Closed Facility Test Event Deposit: Test Date ____/____/____	\$900.00/Test Event	
	*****NO PERSONAL CHECKS ACCEPTED*****	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 accommodation under the Americans with Disabilities Act. To qualify for special accommodation(s), please submit form 1404 NV and documentation of the disability to HEADMASTER, 3310 McHugh Lane, Helena, MT 59602 or call 800-393-8664 with any questions regarding the ADA accommodation policy.

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application to 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 only need to retest 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*****

My signature (below) means I have read, understood and agree to abide by all the testing policies as listed in the NSBN approved Nevada Nursing Assistant Candidate Handbook (Found at www.hdmaster.com)

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)