



D&S Diversified Technologies LLP

Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP

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CANDIDATE PAYMENT FORM 1402CND-TN

Candidate Information:

Last Name: _____ First Name: _____

Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

MONEY ORDER/CASHIER'S CHECK PAYMENT:

Money Order/Cashier Check Number: _____

*Make a money order/cashier check payable to:
D&SDT
and mail to – P.O. Box 6609 - Helena, MT 59604*

CREDIT/DEBIT CARD PAYMENT (MasterCard or VISA only):

Card Number: _____ Card Expiration Date: _____ Zip Code Affiliated with Card: _____
(enter as 0000-0000-0000-0000) (mm/yy)

Printed Name on credit/debit card: _____ Signature of Cardholder: _____

Exam Fee Payment

| # REQUESTED | TESTS / SERVICE REQUESTED | SELF-PAY TESTING FEES | HFC FUNDED | TOTALS | CHECK IF ORAL NEEDED |
|-------------|--|-----------------------|---------------------|--------|--------------------------|
| | KNOWLEDGE TEST OR RETAKE | \$40.00/CANDIDATE | N/A | | |
| | KNOWLEDGE <u>AUDIO VERSION</u> TEST OR RETAKE | \$40.00/CANDIDATE | N/A | | <input type="checkbox"/> |
| | SKILL TEST OR RETAKE | \$90.00/CANDIDATE | N/A | | |
| | Reschedule Fee: If D&SDT-Headmaster staff assisted <i>(Usually can be done by candidates in their record for free.)</i> | \$35.00 | N/A | | |
| | Test Review Fee (see note below) <small>NOTE: Please fill out, submit, and pay the fee using the 1403 Test Review Form found at: www.hdmaster.com under 'Test Disputes'</small> | \$25.00 | \$25.00 | | |
| | Refund Request Fee (see note below) <small>NOTE: Please fill out, submit, and pay the fee using the 1405 Refund Request Form found at: www.hdmaster.com under 'Refund Request Form'</small> | \$35.00 | \$35.00 | | |
| | No Show | NO REFUND | \$55.00 | | |
| | Priority Fax Service: (406)442-3357 <small>NOTE: I also authorize a fax fee of \$5.00 charged to my credit card if I fax my payment form to D&SDT-Headmaster.</small> | \$5.00/CANDIDATE | \$5.00/CANDIDATE | | |
| | PERSONAL CHECKS AND CASH ARE NOT ACCEPTED. BY SUBMITTING THIS FORM, YOU ARE RESPONSIBLE FOR THE PAYMENT OF TESTING FEES CHECKED, EVEN IF YOU ARE A NO-SHOW FOR YOUR TEST EVENT. | | GRAND TOTAL: | | |

ADA ACCOMMODATIONS

If you 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 1404 is available at www.hdmaster.com or call D&SDT-Headmaster at (877)201-0758.

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 my credit card will be billed for the knowledge and/or skill test **or** for the portion of the test that I failed plus the fax fee (if I fax this payment form to D&SDT-Headmaster). **PLEASE CALL (877)201-0758 IF YOU DO NOT RECEIVE AN E-MAIL AND/OR TEXT MESSAGE LETTING YOU KNOW YOUR FEES HAVE BEEN PAID AND YOU ARE READY TO SCHEDULE A TEST EVENT.**

CANDIDATE'S SIGNATURE: _____

(Unsigned payment forms will not be processed, will be shredded if a credit/debit card payment is included, or will be mailed back if a money order or cashier's check is included.)