

D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-201-0758 – FAX 419-422-8367 – www.hdmaster.com

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

D&S Diversified Technologies TESTING AND REGISTRY APPLICATION RATE STRUCTURE

Option 1 or 2 (below) and the Payment Option MUST be completed

- For **initial applications** include one **Form 1101 TN & Training Certificate** for **EACH CANDIDATE**
- For D&S DT **retest applications** include **Form 1301 TN (D&S DT failure notice)** from **EACH CANDIDATE**
- **Regular and priority faxed applications MUST be received in Findlay 10 Business Days before 1st requested test date.**

OPTION 1 FIXED Test Dates - Candidates that must use Fixed (Regional) Test sites – Please pick a 1st and 2nd choice from Form 1700 TN

1st Choice Test Date: (From 1700 TN Test Schedule)

2nd Choice Test Date: (From 1700 TN Test Schedule)

4 Digit Test Site # _____ Test Site Name _____

4 Digit Test Site # _____ Test Site Name _____

Test Month _____ / _____ Test Date _____

Test Month _____ / _____ Test Date _____

Name of Flexible Test Site: _____ **Mutually agreed upon Pre-Scheduled Test Date** ____/____/____

Print Flexible Site Contact Person's

Name: _____ Email: _____

Phone (____) _____ - _____ Assigned 4 Digit Test Site #: _____ (From approved facility application form 1502 TN)

Site Address: _____ City: _____ State: _____ ZIP: _____

Name of agreed upon Observer: _____

Starting test times agreed to: _____ AM flight _____ PM flight

We accept Visa, MasterCard, money orders, cashiers checks and facility checks. **We do not accept personal checks.**

If applications are faxed, I understand that I will be charged a \$5.00 fax fee per application, which I authorize to be charged to my credit card.

Fax fees are not reimbursable by TDH. First time testers will be charged for both the written and skills tests. Retest applicants will be charged

for the portion(s) previously failed. Candidate Names(s): _____ Billing Zip Code _____

Credit Card # (Visa, MC) _____ Expiration Date: ____/____/____

Print Name as it appears on credit card: _____ Authorized Signature: _____

PO Number for credit approved Organizations: _____ **Name:** _____

Print Contact Person: _____ **and list phone number:** _____

Please Note: If forms are incomplete and/or the required documentation or valid payment is not included, this application will not be accepted and will be returned for completion. The submission date will be officially recorded upon receipt of the correct information.

Tests/Services/Fees	#	Advance Pay	TDH funded	Total Cost
Written		\$30.00ea	NA	
Oral		\$30.00ea	NA	
Skills		\$66.00ea	NA	
Priority Fax Service		\$5.00ea	\$5.00ea	
Express Service Fee		\$15.00ea	\$15.00ea	
Express Overnight Shipping		\$19.50	\$19.50	
No Show		No Refund	\$40.00ea	
Reschedule		\$35.00ea	\$35.00ea	
Cancellation		Partial Refund	\$25.00ea	

Grand Total Enclosed _____

10 Day PRIORITY FAX SERVICE (Optional) Fax 419-422-8367 available Monday-Friday 8:00am-3:00pm EST – Holidays Excluded. Applications will be processed and notification letters mailed on the day the applications are received by fax. Ten (10) work days advanced notice before 1st Test Date choice is still required.

EXPRESS SERVICE: Application must be received 5 work days prior to 1st requested test date. Additional \$15 per candidate plus express overnight shipping charge of \$19.50 (No additional Fax charge.)

WEBTEST® High Volume users electronic application submission. Call 1-877-201-0758 for more information..

**If you fax in applications please do not mail originals.

NO PERSONAL CHECKS. Candidates may ONLY send cashiers check, money order, Visa or MasterCard. Checks from Facilities are acceptable.

CANDIDATES CURRENTLY EMPLOYED AS NURSE AIDES IN LONG TERM CARE FACILITIES, DO NOT INCLUDE ANY PAYMENT. Please fill out employer name & address on 1101 or 1301 & obtain your supervisor's signature. The submission of this application certifies that Testing Services are requested for the candidates included on the **attached certificate**. D&S DT is hereby authorized to proceed with testing and the applicant(s) understand(s) and agree(s) to abide by D&S DT testing, retesting, scheduling, rescheduling, cancellation and No show policies. I understand by signing this form that if I faxed in my form my credit card will be billed a \$5.00 fax fee. I also understand that if this is my first time testing that I must take both the written and skill test. If this is a re-take test I must re-take the portion that I failed. I understand that if paid by credit card that my credit card will be billed for both the written and skill test or for the portion of the test that I failed plus the \$5.00 fax fee and the express charges if received less than 10 business days from my requested testing event.

Authorization Signature _____

Print name _____

Email Address _____

Phone Number _____