



**D&S Diversified Technologies LLP**  
Headmaster LLP

**HEADMASTER LLP**  
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800-393-8664 – Fax: 406-442-3357  
www.hdmaster.com

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

**ARIZONA ASSISTED LIVING FACILITY MANAGER – HEADMASTER/D&S DIVERSIFIED TECHNOLOGIES**

**SCHEDULING & PAYMENT FORM (FORM 1402AF)**

TESTING OPTIONS: Only use Option 1 or Option 2, *never both*

**Testing Option 1: Regional Test Sites**

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

1 <sup>st</sup> Choice Test Date: (From published 1700AF Test Schedule)		2 <sup>nd</sup> Choice Test Date: (From published 1700AF Test Schedule)	
_____	_____	_____	_____
4 Digit Test Site #	Test Site Name	4 Digit Test Site #	Test Site Name
_____	_____	_____	_____
Test Month	Test Date	Test Month	Test Date

**Testing Option 2: In-Facility Test Sites**

(An AF instructor must complete this section. The training program must be an AZ NCIA BOARD - HEADMASTER/D&S DT certified test site to use this option.)

Name of Site \_\_\_\_\_ 4 Digit Test Site # \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Person E-Mail \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Name of RN Test Observer/Knowledge Test Proctor (KTP) \_\_\_\_\_  
 Date of Testing \_\_\_\_\_ Start time for Testing: \_\_\_\_\_ AM flight start \_\_\_\_\_ PM flight start  
 Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 List up to twelve candidate(s) Social Security numbers for In-Facility Testing:  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXAM TYPES AND FEE PAYMENT**

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

# Requested	Tests / Service Requested	Fees	Totals
	Knowledge Test or Retake - Available in English Only	\$125.00	
	Priority Fax Service (406-442-3357)	\$5.00	
	Overnight Shipping	\$39.50	
	Express Service Fee	\$15.00	
	No Show	NO REFUND	
	Reschedule	\$35.00	
	Cancellation	\$45.00	
		<b>GRAND TOTAL:</b>	<b>\$</b>

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 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 1404AF is available at [www.hdmaster.com](http://www.hdmaster.com) or call HEADMASTER at 800-393-8664.

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my scheduling and payment form into HEADMASTER. I understand that if I paid by credit card that my credit card will be billed for the knowledge test or for the re-take knowledge 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\*\*\***

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)