

**D&S DIVERSIFIED TECHNOLOGIES LLP dba HEADMASTER LLP**  
**PO BOX 6609 HELENA MT 59604**  
**TELEPHONE: 800-393-8664 FAX: 406-442-3357**  
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**WEB SITE: [www.hdmaster.com](http://www.hdmaster.com)**

**MONTANA MEDICATION AIDE TESTING AND REGISTRY APPLICATION RATE STRUCTURE**

- For initial applications include one Form 1101MT-CMA for each candidate
- For HEADMASTER retest applications include Form 1301 MT-CMA failure notice
- Regular and priority faxed applications MUST be received in Helena 10 Working Days before 1<sup>st</sup> requested test date.

**OPTION 1 FIXED Test Dates -Candidates that must use Fixed (Regional) Test sites -From Form 1700MT-CMA**

1<sup>st</sup> Choice Test Date \_\_\_\_\_ Test Site # \_\_\_\_\_ Test Site Name \_\_\_\_\_  
 2<sup>d</sup> Choice Test Date \_\_\_\_\_ Test Site # \_\_\_\_\_ Test Site Name \_\_\_\_\_

**OPTION 2 Approved Flexible Test Sites - Only in Facility Training & Educational Programs testing in their own facilities**

Name of Flexible Test Site \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Contact Person's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Test Site # \_\_\_\_\_ Written Test Proctor \_\_\_\_\_  
 Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PAYMENT OPTION**

Tests / Service	# Requested	\$Price\$	Total Cost (# X \$)
Written		\$69.50ea	
ADA Accommodation		\$50.00	
Priority Fax Service		\$5.00ea	
Overnight Shipping		\$19.50	
Express Service Fee		\$15.00ea	
<b>Grand Total Enclosed</b>			_____

For ADA Accommodations attach form 1404 MT-CMA. 10 Day PRIORITY FAX SERVICE (Optional) Fax 406-442-3357 available Monday-Friday 8:00am-3:00pm MST - Holidays Excluded. Applications will be processed and notification letters mailed on the day the applications are received by fax. Available for emergency situations. Ten (10) work days advanced notice before 1<sup>st</sup> Test Date choice is still required. OPTIONAL EXPRESS SERVICE: Application(s) must be received at least five workdays prior to 1<sup>st</sup> requested test date. Additional \$15 per candidate plus express overnight shipping charge of \$19.50 (No additional Fax charge.) WEBETEST® High Volume users Internet electronic application submission. Call 1-800-393-8664 for more information. Ask for Maria. IF YOU FAX IN YOUR APPLICATION PLEASE DO NOT MAIL THE ORIGINAL

**Make payment to HEADMASTER --- PO Box #6609, Helena, MT 59604**

No personal checks. Candidates may ONLY send cashiers check, money order, Visa or MC.

If Facility paid then Facility name and Address \_\_\_\_\_  
 Credit Card # (Visa, MC) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_  
 Name as it appears on credit card \_\_\_\_\_ Signature \_\_\_\_\_  
 Print Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Signature of person completing this form \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_