



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

**HEADMASTER LLP**

P.O. Box 6609, Helena, MT 59604-6609  
 800-393-8664 – Fax: 406-442-3357  
 www.hdmaster.com

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

**MONTANA MEDICATION AIDE I & II SCHEDULING & PAYMENT FORM**  
**FORM 1402 MT-MA**

TEST TYPE: MA I  MA II

Test Location: \_\_\_\_\_

**Exam Fee Payment: (Form 1402 MT-MA I & II) \*\*\*\*\*NO PERSONAL CHECKS ACCEPTED\*\*\*\*\***

# Requested	Tests / Service Requested	Fees	Totals
	Knowledge Test or Knowledge Test Retake	\$69.50	
	Priority Fax Service (406-442-3357)	\$5.00	
	Refund Request Fee	\$25.00	
	No Show	NO REFUND	
		<b>TOTAL</b>	<b>\$</b>

Check payment method: \_\_\_\_\_ Cashier's Check \_\_\_\_\_ Money Order \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Print name as it appears on your credit card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application to Headmaster.

**NOTE:** Fees are valid for 6 months or until training expires, whichever comes first.

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

Candidate Social Security Number or Test Identification Number (located on your test results letter): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

(UNSIGNED APPLICATIONS WILL BE RETURNED)

Email: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**For Facility Use Only: Payment Options:**

Facility Check

Credit Card (Fill out CC information in Rate Structure Section above)

Bill Facility (Authorization: Printed Name & Signature): \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility ID #: \_\_\_\_\_

Facility Billing Address \_\_\_\_\_

Enter Social Security numbers or Test ID numbers of candidates to be tested:

\_\_\_\_\_

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application into HEADMASTER. Applications will be processed and notification letters mailed on the day the applications are received by fax.