

D&S DIVERSIFIED TECHNOLOGIES LLP (D&S DT)

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-851-2355 – LOCAL 419-420-1605 - FAX 419-422-8367 - www.hdmaster.com

Providing Medication Aide (MA) testing solutions throughout the United States

OHIO MEDICATION AIDE

PRICE CHANGE EFFECTIVE **9/1/2013**

TESTING AND REGISTRY APPLICATION RATE STRUCTURE FORM 1402 OM

- Option 1 or option 2 must be completed along with payment information
- For **initial applications** include one **Form 1101 OM** for **EACH CANDIDATE**
- For **retest applications** include **Form 1301 OM (failure notice)** from **EACH CANDIDATE**
- **All applications MUST** be received in Findlay **10 Working 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 OM

1 st Choice Test Date	2 nd Choice Test Date
4 Digit Test Site # _____ Test Date _____ Test Site Name _____	4 Digit Test Site # _____ Test Date _____ Test Site Name _____

OPTION 2: D&S DT Approved Flexible Test Sites—Only in Facility Training & Educational Programs testing in their own facilities

Name of Flexible Test Site: _____ Mutually agreed upon Pre-Scheduled Test Date ____/____/____
Site Address: _____ City: _____ State: _____ ZIP: _____
Assigned 4 Digit Test Site #: _____ Name of agreed upon Evaluator: _____
Agreed Upon Testing Time(s): _____ AM Flight _____ PM Flight
Print Flexible Site Contact Person's Name: _____ Phone (____) _____ - _____

Test/Service	# Requested	Price	Total Cost
Written		\$25.00 ea	
Oral		\$35.00 ea	
Skills		\$75.00 ea	
ADA		No Charge	
Reschedule		\$35.00 ea	
Cancellation		\$25.00 ea	
Priority Fax Service		\$5.00 ea	
Overnight Shipping		\$19.50	
Express Service Fee		\$15.00 ea	

Grand Total Enclosed _____

If retesting, attach form 1301 for each retest candidate.
For ADA Accommodations attach form 1404 OM.
10 Day PRIORITY FAX SERVICE (Optional) Fax 419-422-8328 available Monday - Friday 8:00am-3:00pm EST – Holidays Excluded. Applications will be processed and confirmation notices mailed on the day the applications are received by fax. Available for emergency situations. Ten (10) workdays advanced notice is still required before 1st Test Date.
OPTIONAL EXPRESS SERVICE: Application(s) must be received five workdays prior to 1st requested test date. Additional \$15 per candidate plus express overnight shipping charge of \$19.50 (No additional Fax charge.)
WEB ETTEST® High Volume users toll free electronic application submission. Call 1-877-851-2355 for more information.

****IF YOU FAX YOUR APPLICATION PLEASE DO NOT MAIL THE ORIGINAL****
Candidates may ONLY send cashier's check, money order OR V/MC.

Make payment to D&S Diversified Technologies --- PO Box #418, Findlay, OH 45839-0418

If Facility paid then facility name and address: _____
PO number for credit approved facilities: _____
Print contact person: _____ phone number: _____
Credit Card # (Visa, MC) _____ Expiration Date: ____/____/____
Billing zip code: _____ Print Name as it appears on credit card: _____
Authorized Signature: _____

If you are paying by credit card, your credit card will be charged for the portion(s) of the test that you need to take along with the fax fee (if applicable) and express and overnight fees if received in less than 10 business days.

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Please Note: If submitted forms are incomplete and/or the required documentation (TRAINING CERTIFICATE, SIGNATURE ON 1101 or PAYMENT) is not included, this application will NOT BE ACCEPTED and will be returned for completion. Our official date of receipt will not be recorded until we receive the correct information and testing fees.

SIGNATURE OF PERSON COMPLETING THIS FORM: _____ Phone #: _____