

D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418
TOLL FREE 877-851-2355 – LOCAL 419-420-1605 – FAX 419-422-8328 – www.hdmaster.com
PROVIDING GXMO TESTING SOLUTIONS THROUGHOUT OHIO

D&S Diversified Technologies GXMO APPLICATION 1101-Updated 6/8/2015

Every portion of this application must be completed and testing fees must accompany this form. Incomplete applications or no testing fees included will result in the return of this application and delay test scheduling

Please type or print.

Name: _____
Last First Middle Maiden/Former

Home Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Home or Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Date of Birth: ____/____/____ Email Address: _____

Filling in your email address authorizes D&S DT to use email for your test confirmation notice and test results.

Check off and complete with **ONLY ONE** of the following two (2) choices.

1. **Didactic Course**
Course Name: _____ ODH Accreditation Number: _____
Don't forget to include: a copy of your didactic course certificate

2. **Radiography Course**
School Name: _____ ODH Accreditation Number: _____
Don't forget to include: a copy of your Radiography School transcript

Applications with Incomplete Program Information will be returned for completion.

Have you ever taken the ODH GXMO Examination? Yes No If so, when? _____

Payment Method: Certified Check or Money Order Visa or MasterCard Billing Zip Code _____ **NO PERSONAL CHECKS ACCEPTED**

Credit Card Number _____ Expiration Date _____

Cardholder & Facility Name (Printed) _____

Cardholder Signature _____ Cardholder Phone Number _____

Facility Address _____ Cardholder Email Address _____

Test Location Choice 1: _____ Test Date Choice 1: _____

Test Location Choice 2: _____ Test Date Choice 2: _____

Testing fee is \$140.00.

I hereby declare by signing below supplied information is complete and accurate to the best of my knowledge and understand by signing this application I will be scheduled for a test and responsible for all testing fees. Further, I will notify D&S DT immediately when any of the above supplied information changes. I also authorize a fax fee of \$5.00 charged to my credit card if I faxed or emailed my application to D&S. I understand that if I paid by credit card that my credit card will be billed for the written test plus the fax/email fee, express charges and/or overnight charges if my application is received less than 10 days from my testing date excluding Sundays and Holidays.

****Reschedules-** Each reschedule will incur a \$25.00 reschedule fee. Reschedules must be made at least 48 hours prior to the scheduled test. No refunds will be granted after 120 calendar days.

****Cancellations-** Cancellations MUST be faxed or emailed, no phone calls will be accepted to qualify for a full refund minus a \$25 cancellation fee. Cancellations or reschedules must be made 48 hours from the actual testing time (excluding Sundays and holidays). Any cancellations or reschedules less than 48 hours prior to the test will result in a NO SHOW STATUS FOR THE CANDIDATE. Candidate must submit a new application with payment to be scheduled.

****No Shows-** If you are scheduled for your test and don't show up without notifying D&S DT at least 48 hours from the actual testing time (excluding Sundays and holidays) you will be considered a NO SHOW and must submit a new application with all required fees to be scheduled for a new test date. Please Note: If submitted forms are incomplete and/or the required documentation (TRAINING CERTIFICATE, NO SIGNATURE ON 1101, PAYMENT is not included or ADA forms are missing), this application will NOT BE ACCEPTED and will returned for completion. Our official date of receipt will not be recorded until we receive the correct information and testing fees.

****Applications received less than 10 days** will be charged an express charge of an additional \$34.50 for express service

Please call the Findlay office if you don't get an Email OR regular Mail response within 5 days

Candidate Signature: _____

Candidate MUST sign (unsigned applications will be returned)