



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.*

**OKLAHOMA MEDICATION AIDE
SCHEDULING & PAYMENT FORM (FORM 1402KM)**

****Payment must be received at least 3 (three) business days prior to the first requested testing day (excluding Saturdays, Sundays & Holidays)****

Testing Information: (The training program must complete this section and be an OKLAHOMA DEPARTMENT OF HEALTH/HEADMASTER 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 Knowledge Test Proctor _____
 Date of Testing _____ Start time for Testing: _____
 Site Address _____ City _____ State _____ Zip Code _____
 List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

Exam Types and Fee Payment: (Form 1402KM) *NO PERSONAL CHECKS ACCEPTED****

# Requested	Tests / Service Requested	Self-Pay Candidates	Totals
	Knowledge Test or Knowledge Retake - Available in English Only	\$71.00	
	Priority Fax Service (406-442-3357)/ea candidate	\$5.00	
	Overnight Shipping	\$39.50	
	Express Service Fee	\$15.00	
	No Show	NO REFUND	
	Cancellation Fee	\$25.00	
		GRAND TOTAL:	\$

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 fill out an ADA Accommodations request (Form 1404 KM) and provide written documentation of your disability. ADA form 1404KM is available at 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 application into HEADMASTER. I understand that if I paid by credit card that my credit card will be charged for the test that I am requesting plus the fax fee. *****NO PERSONAL CHECKS ACCEPTED from Candidates******

If fees are being paid by a Candidate:

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

Candidate Signature (if fees are being paid by a Candidate): _____

If fees are being paid by a Training Program:

Authorized Training Program Representative Signature (if fees are being paid by a Training Program): _____

(UNSIGNED APPLICATIONS WILL BE RETURNED)