



**D&S Diversified Technologies LLP**

**Headmaster LLP**

**HEADMASTER LLP**

P.O. Box 6609, Helena, MT 59604-6609  
625 Barney, Suite A, Helena, MT 59602  
800-393-8664 – Fax: 406-442-3357 / [www.hdmaster.com](http://www.hdmaster.com)  
Email: [hdmaster@hdmaster.com](mailto:hdmaster@hdmaster.com)

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

**OKLAHOMA LONG TERM CARE WITH HOME HEALTH DEEMING  
SCHEDULING & PAYMENT FORM (FORM 1402KC)**

**\*\*A list of candidates and payment for all candidate fees (including the Knowledge event fee if applicable) must be received by Headmaster prior to arranging an exam date. Once applicable fees are received Headmaster will arrange an exam date for the candidates. \*\***

**Testing Option: In-Facility Test Sites** (The training program must complete the 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 Test Observer/Knowledge Test Proctor \_\_\_\_\_

Date of Testing \_\_\_\_\_ Start time for Testing: \_\_\_\_\_ AM flight start \_\_\_\_\_ PM flight start

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 1402KC) \*\*\*NO PERSONAL CHECKS ACCEPTED\*\*\***

# Requested	Tests / Service Requested	Self-Pay Candidates	Totals
	<b>Knowledge Test Only Event Fee</b>	<b>\$60.00</b>	
	Knowledge Test or Knowledge Retake - Available in English Only	\$20.00	
	Oral Knowledge Test or Retake - Available in English Only	\$30.00	
	Skill Test or Skill Retake	\$89.00	
	Priority Fax Service (406-442-3357)	\$5.00	
	Overnight Shipping	\$39.50	
	Express Service Fee	\$15.00	
	Test Review Fee	\$25.00	
	No Show	NO REFUND	
	Re-Export Fee	\$30.00	
	Cancellation ***Cancellations/Refunds must be requested within 6 months of date of purchase.	\$25.00	
		<b>GRAND TOTAL:</b>	<b>\$</b>

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 1404KC) and provide written documentation of your disability. ADA form 1404KC is available at [www.hdmaster.com](http://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. If this is a re-take test I must re-test only on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for the portion of the test that I am requesting (either knowledge or skill or both knowledge and skill together) or the portion that I failed plus the fax fee. \*\*\*NO PERSONAL CHECKS ACCEPTED\*\*\**

**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)**