D&S DIVERSIFIED TECHNOLOGIES
PO BOX #418, FINDLAY, OH 45839-0418
TOLL FREE 877-8512355 — FAX 419-422-8328 – www.hdmaster.com

TENNESSEE MEDICATION ASSISTANT

EXAMINATION APPLICATION (forms 1101TM & 1402TM)

INSTRUCTIONS: (See www.hdmaster.com for electronic application and eliminate this paper application.)

1. **DO NOT** mail this D&S Diversified Technologies paper TM Examination Application to the Tennessee State Board of Nursing (TBON)
2. **Complete** front and back sides of this TM Examination Application.
3. **Send** this completed application **with payment** to D&S Diversified Technologies, P.O. Box 418 Findlay, OH 45839-0418
4. You **must have** completed a Tennessee State Board of Nursing (TBON) 60 hour approved MA training program and have one year of (2080 hours) documented work experience as a NA in Tennessee.
5. Be listed, in good standing, on the Tennessee Nurse Aide Registry.

NOTE: Facilities MAKE ALL CHECKS PAYABLE TO D&S DIVERSIFIED TECHNOLOGIES.
Candidate Personal checks are NOT accepted.

Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion.)

☐ This application is filled out **completely** (front and back) and **signed** where required.
☐ **Exam payment** is included with the testing application.
☐ **I have attached proof of my NA work experience to this application.**

☐ **I understand that to complete my Tennessee State Board of Nursing MA certification that I must successfully complete training and testing and complete the TBON application process at** tn.gov/health

Candidate Information: **(form 1101TM) Print clearly** (Use Ink) **or Type**

Social Security No.________-________-________ (Mandatory. Your SS number will only be shared with the Tennessee State Board of Nursing)

Applicant's Name____
Last First MI Maiden/Former Name

Mailing Address (Street)______________________________Apartment# ____ or PO Box #____________

City________________________ State____________ County________________ Zip______________

Home Telephone____________________________ Message/Work Phone____________________________

Birth Date (Month/Day/Year)______/______/______ E-Mail Address: ____________________________
(Mandatory) Providing your email address is your authorization for us to use it for confirmation and results letters

I have successfully completed an TBON approved 60 hour Medication Assistant Training Program and understand that I must test within 30 days from the completion of my training program. I also understand that if I fail any portion of the test that I must retest on the portion I failed within six months of my training completion date. I also understand that I can only test twice per training cycle.

Program Code #________________________ Program Name____________________________________
(On Certificate)

City________________________ Date Completed______________ Contact Person____________________________

If facility is paying for your test, this section must be completed by your Instructor.

Facility Name____ Phone____________________________

Address____ Contact Person____________________________

Signature of Instructor____ Date________________________

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any cancellation or rescheduling fees incurred as described in the Tennessee MA candidate handbook.

Candidate Signature____
Candidate MUST sign to verify acceptance (unsigned applications will be returned) Date

D&S DIVERSIFIED TECHNOLOGIES
PO BOX #418, FINDLAY, OH 45839-0418
TOLL FREE 877-8512355 — FAX 419-422-8328 – www.hdmaster.com

To avoid sending in this paper application go to www.hdmaster.com to schedule yourself
Please call the Findlay office if you don't get an e-mail or mail response within ten days.

TESTING OPTIONS: Only use Option 1 **or** Option 2, **never both**.

Testing Option 1: Regional Test Sites – Application must be received at least ten days before first requested test date.

1st Choice Test Date: (From published 1700 TM Test Schedule)

____________ 4 Digit Test Site # ____________ Test Site Name

____________ Test Month ____________ Test Date

2nd Choice Test Date: (From published 1700 TM Test Schedule)

____________ 4 Digit Test Site # ____________ Test Site Name

____________ Test Month ____________ Test Date

Testing Option 2: In-Facility Test Sites
(An MA instructor must complete this section. The training program must be an TBON/D&SDT certified test site to use this option.)

Name of Site______________________________ 4 Digit Test Site #______________

Contact Person______________________________ Phone______________

Contact Person E-Mail______________________________

Pre-scheduled Test Observer______________________________ ID#______________

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 1402)

# Requested	Tests / Service Requested	Cost per Test	Totals
	Knowledge test or Knowledge retake	$45.00	
	Skill test or skill retake	$100.00	
	Cancellation	$35.00	
	Priority Fax Service	$8.00	
	Overnight Shipping	$19.50	
	Express Service Fee	$15.00	
	No Show	No Refund	
	Staff Assisted Reschedule	$45.00	

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:______________________________

ADA ACCOMMODATION

I need special accommodation 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 1404TM is available at www.hdmaster.com or call D&SDT 877-851-2355.

OFFICIAL USE ONLY: Site__________ Packet#__________ Test Date__________ Scheduler__________