



D&S DIVERSIFIED TECHNOLOGIES (D&SDT)-HEADMASTER

OHIO GENERAL X-RAY MACHINE OPERATOR (GXMO) EXAMINATION APPLICATION AND PAYMENT FORM (FORM 11010X)

INSTRUCTIONS:

1. Complete this GXMO Examination Application. Completed paper applications must be received at D&SDT-HEADMASTER 10 business days prior to the testing day excluding Saturdays, Sundays and Holidays or express charges will occur.
2. Choose the course: Didactic or Radiography and attach your certificate or transcript.
3. Choose your first and second test date and site. Refer to the Test Schedule on the GXMO webpage at www.hdmaster.com.
4. Submit this completed application with payment and required documentation to D&SDT-Headmaster by mail to P.O. Box 6609, Helena, MT 59604. For credit card payments, email to hdmaster@hdmaster.com or fax to (406)442-3357 (a \$5.00 fax fee applies).

Candidate Information: Print clearly (use ink) or type

Social Security No.: _____ (Your social security number will be used to locate your record in our database and provided only to Ohio State Agencies.)

Applicant's Name: _____
Last First MI Maiden/Former Name

Mailing Address: _____
(P.O. Box # -or- Street number and name, including Apartment # - if applicable)

City: _____ State: _____ Zip: _____

Cell Phone #: () _____ Home Phone #: () _____

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

2. Check off and complete one of the following choices:

☐ Didactic Course (Attach a copy of your didactic course certificate.)

Course Name: _____ ODH Accreditation Number: _____

☐ Radiography Course (Attach a copy of your radiography school transcript.)

Course Name: _____ ODH Accreditation Number: _____

APPLICATIONS WITH INCOMPLETE PROGRAM INFORMATION OR MISSING REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED AND WILL BE RETURNED.

Have you ever taken the ODH GXMO examination? Yes ☐ | No ☐ If so, when? _____

3. Choose your first and second test date and site:

1st Choice Test Date (From Form 17000X-Test Schedule)

Test Site #	Test Date	Test Site Name

2nd Choice Test Date (From Form 17000X-Test Schedule)

Test Site #	Test Date	Test Site Name

GXMO Exam and Fee Payment

# Requested	GXMO Exam	Price	Total
	GXMO Exam	\$150.00	
	Reschedule Fee	\$35.00	
	Refund Fee	\$35.00	
	Priority Fax Service	\$ 5.00	
	Overnight Shipping Fee	\$39.50	
	Express Service Fee	\$15.00 each	
			\$

I hereby declare by signing below that the above supplied information is true, complete, and accurate to the best of my knowledge. I understand that I will be scheduled for a test and responsible for all testing fees. 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 rescheduling, refund fees or dispute fees incurred as described in the Ohio GXMO candidate handbook. Please refer to the Ohio GXMO candidate handbook on the Ohio GXMO webpage at www.hdmaster.com for testing policies and updates.

Check method of payment: ☐ Check (Facility Only) | ☐ Cashier's Check | ☐ Money Order | ☐ Visa | ☐ Master Card

Make payable to D&SDT

Facility Pay	Facility Name: _____	Facility Address: _____	Facility Phone: _____
Name of Party Responsible for Payment: _____	Title: _____	Phone: _____	Zip: _____
For Visa or Master Card Payment	Credit Card #: _____	Expiration Date: _____	Billing Zip Code: _____
Authorized Card Holder Name as it appears on your credit card: _____	Authorized Card Holder Signature: _____	Today's Date: _____	

ADA ACCOMMODATION: If you need special accommodations under the Americans with Disabilities Act please see form 14040X available on the Ohio GXMO webpage at www.hdmaster.com.

NOTE for Credit Card Payments: If payment is made by credit card and fee is disputed, you will be charged a \$35 charge back fee along with any testing fees.

I also authorize a fax fee of \$5.00 charged to my credit card if I fax my application into D&SDT-Headmaster. By signing this form I accept the policies as stated on this form and as stated in the candidate handbook. Please call D&SDT at (877)851-2355 if you do not receive a test confirmation email within five days. ****NO PERSONAL CHECKS ACCEPTED****

Candidate Signature _____ Date: _____ | _____ | _____

(UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)