D&S Diversified Technologies LLP Headmaster LLP	D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP MT Office: P.O. Box 6609   Helena, MT 59604-6609 OH Office: P.O. Box 418   Findlay, OH 45839 (800)393-8664   (888)401-0462   (877)851-2355   Fax: (406)442-3357 <u>hdmaster@hdmaster.com</u>   Website: <u>www.hdmaster.com</u>		Innovative, quality technology solutions throughout the United States since 1985.		
	Ohio Nurse Aide				
CA Candidate Information:	NDIDATE PAYMENT FORM	1402CND-OH			
	First Name:				
Phone #: En	nail:				
Address:	City:	State	: Zip:		
Social Security Number:	Date of Birth:				
MONEY ORDER/CASHIER'S CHECK PAYMENT:		Make a money order/co	ashier check payable to:		
Money Order/Cashier Check Number:		<b>D&amp;SDT</b> and mail to – P.O. Box 6609 - Helena, MT 59604			
CREDIT/DEBIT CARD PAYMENT (Ma	sterCard or VISA only): Not	E: CAN BE DONE ONLINE IN YOUR TMU®	ACCOUNT INSTEAD OF USING THIS FO		
Card Number:	Card Expiration Date:		with Card:		

Printed Name on credit/debit card: \_\_\_\_\_\_

(mm/yy)

\_\_\_\_Signature of Cardholder: \_\_\_\_\_\_

## **Exam Fee Payment**

# Requested	TESTS / SERVICE REQUESTED	Self-Pay Testing Fees	TOTALS	Check if Audio Needed
	KNOWLEDGE EXAM -or- Knowledge Retake NOTE: If you request an Audio Version of the Knowledge Exam, <u>only fill out the Optional:</u> <u>Audio Version of the Knowledge Exam box below</u> .	\$26.00/candidate		
	OPTIONAL: AUDIO VERSION OF THE KNOWLEDGE EXAM -or- Audio Knowledge Exam Retake [\$26 + \$10 = \$36] (The knowledge test questions and answers are read through the computer and listened to through headphones or earbuds while you read along.)	\$36.00/candidate		
	SKILL TEST -or- Skill Retake	\$78.00/candidate		-
	No-Sноw — Knowledge and/or Skill Test	No Refund		
	Priority Fax Service: (406)442-3357 <u>NOTE</u> : I also authorize a fax fee of \$5.00 to be charged to my credit card <u>if</u> I fax my payment form to D&SDT-Headmaster.	\$5.00/candidate		
	Personal Checks and Cash are not accepted. By submitting this form, you agree to pay the testing fees checked, even if you are a NO-SHOW FOR YOUR TEST EVENT.	TOTAL:		

## ADA ACCOMMODATIONS

To qualify for special accommodations under the Americans with Disabilities Act, you must provide written documentation of your disability along with your application. The ADA Accommodation Request Form is available on the Ohio CNA TMU© main webpage under 'APPLICATIONS.'

If this is a re-take test, I must re-test only on the portion I failed. I understand that if I paid by credit/debit card, my credit/debit card will be billed for the knowledge and/or skill test or the portion of the test that I failed, plus the fax fee (if I fax this payment form to D&SDT-Headmaster). By signing this form, I accept the policies stated on this form and in the candidate handbook. PLEASE CALL (877)851-2355 IF YOU DO NOT RECEIVE AN E-MAIL AND TEXT MESSAGE LETTING YOU KNOW YOUR FEES HAVE BEEN PAID AND YOU ARE READY TO SCHEDULE A TEST EVENT.

## CANDIDATE'S SIGNATURE:

(Unsigned payment forms will not be processed, will be shredded if a credit/debit card payment is included, or will be mailed back if a money order or cashier's check is included.)