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
hdmaster@hdmaster.com | Website: www.hdmaster.com

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

OHIO NURSE AIDE

CANDIDATE PAYMENT FORM 1402CND-OH

Candidate Information:

Last Name: _____ First Name: _____

Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

☐ **MONEY ORDER/CASHIER'S CHECK PAYMENT:**

Money Order/Cashier Check Number: _____

Make a money order/cashier's check payable to:
D&SDT
and mail to – P.O. Box 6609 - Helena, MT 59604

☐ **CREDIT/DEBIT CARD PAYMENT (MasterCard or VISA only):** *(NOTE: CAN BE DONE ONLINE IN YOUR TMU© ACCOUNT INSTEAD OF USING THIS FORM)*

Card Number: _____ *(0000-0000-0000-0000)* Card Expiration Date: _____ *(mm/yy)* Zip Code Affiliated with Card: _____

Printed Name on credit/debit card: _____ 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, only fill out the Optional: Audio Version of the Knowledge Exam box below.*	$30.00/CANDIDATE		
	OPTIONAL: AUDIO VERSION OF THE KNOWLEDGE EXAM *-or- Audio Knowledge Exam Retake* [$30 + $10 = $40] *(The knowledge test questions and answers are read through the computer and listened to through headphones or earbuds while you read along.)*	$40.00/CANDIDATE		☐
	SKILL TEST *-or- Skill Retake*	$90.00/CANDIDATE		
	NO-SHOW – *Knowledge and/or Skill Test*	NO REFUND		
	Priority Fax Service: (406)442-3357 NOTE: I also authorize a fax fee of $5.00 to be charged to my credit card if 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, 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 pay 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 ELIGIBLE 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.)