



**OHIO STNA - D&S DIVERSIFIED TECHNOLOGIES**  
**SCHEDULING AND PAYMENT FORM (FORM 1402OH)**  
TESTING OPTIONS: Only use Option 1 or Option 2, *never both*

**Testing Option 1: Fixed (Regional) Testing**

*This completed Form 1402OH must be received in our office 10 business days prior to the first requested test date (excluding Saturdays, Sundays and Holidays).*

**1<sup>st</sup> Choice Test Date (From the TMU© Event Schedule)**

Test Date	Test Site Name and City

**2<sup>nd</sup> Choice Test Date (From the TMU© Event Schedule)**

Test Date	Test Site Name and City

**Testing Option 2: Flexible or In-Facility Testing**

*(The training program must be a D&SDT certified test site to use this option.)*

<b>Name of Site and Address:</b>	<b>Test Date</b>	<b>Testing Time-AM</b>	<b>Testing Time-PM</b>	<b>Test Type</b> <input type="checkbox"/> Electronic <input type="checkbox"/> Paper <small>Check which applies</small>	<b>Testing Facility Contact Person's Name</b>
<b>Agreed upon RN Test Observer for Event</b>	<b>Facility Contact Phone #</b>	<b>Facility Contact Email</b>			

**List up to sixteen candidate(s) Social Security Numbers for In-Facility testing:**


**Exam Types and Fee Payment**

# Requested	Tests/ Service Requested	Price	Total
	Knowledge Test or Retake	\$26.00	
	Oral Knowledge Test or Retake	\$36.00	
	Skill Test or Retake	\$78.00	
	Reschedule	\$35.00	
	Refund Fee	\$35.00	
	Test Review Fee	\$25.00	
	No Show	NO REFUND	
	Priority Fax Service	\$ 5.00	
	Overnight Shipping Fee	\$39.50	
	Express Service Fee	\$15.00 each	
	<b>Total Charges Due</b>		<b>\$</b>

Check method of payment:  Check (Facility Only) |  Cashier's Check |  Money Order |  Visa |  Master Card  
*Made payable to D&SDT | \*\*NO PERSONAL CHECKS ACCEPTED\*\* | D&SDT-Headmaster does not accept cash*

<b>Facility Pay:</b> Purchase Order #:	<b>Facility Name:</b>	<b>Facility Address:</b>	<b>Facility Phone:</b>
<b>Name of Authorizing Agent:</b>	<b>Title:</b>	<b>Phone:</b>	<b>Zip:</b>
<b>For Visa or Master Card Payment</b>		<b>Credit Card #:</b>	<b>Expiration Date:</b>
<b>Authorized Card Holder Name as it appears on your credit card:</b>	<b>Authorized Card Holder Signature:</b>	<b>Today's Date:</b>	<b>Billing Zip Code:</b>

**ADA ACCOMMODATIONS:** If you need special accommodations under the Americans with Disabilities Act, please see form 1404OH available on the Ohio STNA webpage at [www.hdmaster.com](http://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 to D&SDT-Headmaster [Fax #: (406)442-3357]. I also understand that if this is my first time testing that I must take both the knowledge and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the knowledge and skill test or for the portion of the test that I failed plus the fax fee. 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.**

**Candidate Social Security Number:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

(UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)