

**D&S Diversified Technologies LLP****Headmaster LLP****D&S DIVERSIFIED TECHNOLOGIES-HEADMASTER, LLP**

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(877)851-2355 – Fax: (406)442-3357

Email: hdmaster@hdmaster.com | www.hdmaster.com*Innovative, quality technology solutions
throughout the United States since 1985.***TENNESSEE NURSE AIDE - D&S DIVERSIFIED TECHNOLOGIES
SCHEDULING AND PAYMENT FORM (FORM 1402TN)****TESTING OPTIONS:** Only use Option 1 or Option 2, **never both****Testing Option 1: Fixed (Regional) Testing***This completed Form 1402TN must be received in our office 10 business days prior to the first requested test date (excluding Saturdays, Sundays and Holidays).***1st Choice Test Date (From Form 1700TN-Test Schedule)**

Test Site #	Test Date	Test Site Name

2nd Choice Test Date (From Form 1700TN-Test Schedule)

Test Site #	Test Date	Test Site Name

Testing Option 2: Flexible or In-Facility Testing *(Training and Education Programs testing in their own facilities.)*

High volume users may use WebETest® internet electronic application submission. Call (877)851-2355 for WebETest® application options and training.

Name of Site and Address:		4-Digit Test Site #	Agreed Upon Test Date	Testing Time- AM	Testing Time- PM	Test Type ____ Electronic ____ Paper <i>Check which applies</i>	Testing Facility Contact Person's Name
Agreed Upon RN Test Observer Name:						Facility Contact Phone #	Facility Contact Email

Exam Types and Fee Payment

# Requested	Tests/ Service Requested	Advance Pay	TDH Funded	Total
	Knowledge Test or Retake	\$30.00	N/A	
	Oral Knowledge Test or Retake	\$30.00	N/A	
	Skill Test or Retake	\$68.00	N/A	
	Reschedule	\$35.00	\$35.00	
	Refund Fee	\$35.00	\$35.00	
	Test Review Fee	\$25.00	\$25.00	
	No Show Fee	No Refund	\$40.00	
	Priority Fax Service	\$ 5.00	\$ 5.00	
	Overnight Shipping Fee	\$39.50	\$39.50	
	Express Service Fee	\$15.00 each	\$15.00 each	
	Total Charges Due			\$

Check method of payment: ☐ Check (Facility Only) | ☐ Cashier's Check | ☐ Money Order | ☐ Visa | ☐ Master Card*Made payable to D&SDT***Do not include payment** if you are a candidate currently employed as a nurse aide in a Long Term Care Facility.

Facility Pay: Purchase Order #:		Facility Name:		Facility Address:		Facility Phone:	
Name of Authorizing Agent:		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 ACCOMMODATIONS: If you need a special accommodation under the Americans with Disabilities Act, please see form 1404TN available on the Tennessee NA 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 to D&SDT-Headmaster [Fax #: (406)442-3357]. (Fax fees are not reimbursable by TDH. 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. ****NO PERSONAL CHECKS ACCEPTED****

Candidate Social Security Number or Test Identification Number: _____ | _____ | _____ *(Your Test ID# is provided by your training program and in your test results email)*

Candidate Signature: _____ Date: _____ | _____ | _____

(UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)