

For Facility Use Only:

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

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Tennessee Nurse Aide

FACILITY PAYMENT FORM 1402FAC-TN

If paying with a PO or Credit/Debit Card, please use the fillable form available on the Tennessee webpage at www.hdmaster.com

Facility Name:		Contact Name:	
Contact Phone #:	Contact Email:		
Facility Billing Address:	City:	State:	Zip:
PURCHASE ORDER (PO) PAYMENT:			
Purchase Order Number:		Must establish credit terms with D&SI FACILITY ACCOUNT INFORMATION	
MONEY ORDER/CASHIER'S CHECK:		Make a money order/cashier ch	neck payable to:
Money Order/Cashier Check Number:		D&SDT And mail to P.O. Box 6609, Hele	na, MT 59604
CREDIT/DEBIT CARD PAYMENT (MasterCard	d or VISA only):		
Card Number:	Expiration Date on Cr	edit/Debit card: 2	Zip:
Printed name as it appears on card:		Signature of Cardholder:	

Exam Fee Payment

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# REQUESTED	TESTS / SERVICE REQUESTED	TESTING FEES	TOTALS			
	Knowledge Exam or Retake (or <u>Audio Version</u> of Knowledge Exam)	\$40.00/CANDIDATE				
	Skill Test or Retake	\$100.00/CANDIDATE				
	Refund Request Fee	\$35.00				
	Test Review Fee	\$25.00				
	No Show	No Refund				
	Priority Fax Service (406)442-3357 (If this form is faxed to Headmaster)	\$5.00/CANDIDATE				
	CLOSED TEST SITES ONLY — KNOWLEDGE AND SKILLS EXAMS A closed test site means the event will be for our candidates only, and we will not release empty seats to be filled by at-large candidates. K&S CLOSED TEST SITE EVENT FEE (Refundable in some instances) PROPOSED CLOSED KNOWLEDGE & SKILLS TEST EVENT TEST DATE:	\$840.00/TEST EVENT				
	CLOSED TEST SITES ONLY — SKILLS TEST ONLY A closed test site means the event will be for our candidates only, and we will not release empty seats to be filled by at-large candidates. SKILLS TEST ONLY CLOSED TEST SITE EVENT FEE (Refundable in some instances) PROPOSED CLOSED SKILLS ONLY TEST EVENT TEST DATE:	\$600.00/TEST EVENT				
	By submitting this form, you agree to pay the testing fees checked, even if the candidate is a no-show status for their test event.	GRAND TOTAL:				

Please list the candidates on the next page.



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CANDIDATE INFORMATION

	LAST N AME	FIRST NAME	DATE OF BIRTH	CHECK BOX IF AUDIO REQUESTED
1				
2				
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