



TENNESSEE – TEMPORARY NURSE AIDE

PLACEMENT ON TENNESSEE REGISTRY PAYMENT FORM – FORM 1402FACTNA-TN

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

A completed ATTESTATION FORM FOR TEMPORARY NURSE AIDES TO BE PLACED ON THE TENNESSEE NURSE AIDE REGISTRY (found on the Tennessee webpage at www.hdmaster.com) with the required, valid documentation attached must be submitted via email **individually**. We cannot accept a group of Attestation Forms with documentation in one email. Please label each individual email with the TNA’s name.

This payment form may be completed for up to ten candidates.

For Facility Use Only:

Facility Name: _____ Contact Name: _____
 Contact Phone #: _____ Contact Email: _____
 Facility Billing Address: _____ City: _____ State: _____ Zip: _____

PURCHASE ORDER PAYMENT:

Purchase Order Number: _____

Only credit approved entities. Call (800)393-8664 for a credit application.

MONEY ORDER/CASHIER’S CHECK:

Money Order/Cashier Check Number: _____

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

CREDIT CARD PAYMENT:

Card Number: _____ Expiration Date: _____ Zip Code: _____
 Print Name as it appears on credit card: _____
 Signature of Cardholder: _____

Fee Payment

# REQUESTED	SERVICE REQUESTED	FEE	TOTAL
	TNA Placement on TN Registry	\$20.00/candidate	
			\$

CANDIDATE INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH