

# D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP MT Office: P.O. Box 6609 | Helena, MT 59604-6609

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## MASSACHUSETTS MAP TESTING

## FACILITY PAYMENT FORM - FORM 1402FAC-MP

For Facility Use Only:					
Facility Name:	Contact Name:	Contact Name:			
Contact Phone #: Contact Phone Contact Phone	ntact Email:				
Facility Billing Address:	City:	State:	Zip:		
PURCHASE ORDER PAYMENT:	Only and the annual activities of	- II (900)202 9CC/I	for a good to any limiting		
Purchase Order Number:	Only credit approved entities. C	.aii (800)393-8664	for a credit application.		
MONEY ORDER/CASHIER'S CHECK:	Adala wa sa sa sa sa da a fas		able to DOCDT		
Money Order/Cashier Check Number:		Make money order/cashier check payable to: <b>D&amp;SDT</b> and mail to P.O. Box 6609, Helena, MT 59604			
CREDIT/DEBIT CARD PAYMENT:					
Credit/Debit Card Number:(MasterCard or VISA only)	Expiration Date:	Zip	Code:		
Printed Name on credit card:	Signature of Cardholder	:			

### **Exam Fee Payment**

# REQUESTED	TESTS / SERVICE REQUESTED	Unsponsored Candidate Testing Fees	Sponsored Candidate  DDS   DMH   DCF   MRC  CHECK ONE	TOTALS
	Knowledge Test or Retake	\$43.00	No Charge	
	Medication Administration Test or Retake	\$96.00	No Charge	
	D&SDT Staff-Assisted Reschedule	\$35.00	\$35.00 (CANDIDATE PAYS)	
	Refund Request Fee	\$35.00	\$35.00 (CANDIDATE PAYS)	
	Test Review Fee	\$25.00	\$25.00 (CANDIDATE PAYS)	
	No Show	No Refund	\$45.00 (CANDIDATE PAYS)	
	Priority Fax Service (406)442-3357	\$15.00 EACH	\$15.00 EACH (CND/TRAINING PROGRAM PAYS)	
			TOTAL	\$

### **CANDIDATE INFORMATION**

	Last Name	FIRST NAME	DATE OF BIRTH
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			