



D&S Diversified Technologies LLP
Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

Innovative, quality technology solutions throughout the United States since 1985.

NEVADA MEDICATION AIDE-CERTIFIED (MA-C) SCHEDULING & PAYMENT FORM (FORM 1402CV)

-This completed Form 1402CV must be received 8 business days prior to the first requested testing day (excluding Saturdays, Sundays & Holidays)-

TESTING OPTIONS: Only use Option 1 or Option 2, *never both*

Testing Option 1: In-Facility Test Sites (A MA-C instructor must complete this section. The training program must be an NSBN/HEADMASTER certified test site to use this option.)

Name of Site _____ 4 Digit Test Site # _____

Contact Person _____ Phone _____

Contact Person E-Mail _____ Fax Number _____

Name of Test Observer _____

Date of Testing _____ Start time for Testing: _____ AM flight start _____ PM flight start

Site Address _____ City _____ State _____ Zip Code _____

List up to twelve candidate(s) Social Security numbers:

Testing Option 2: Regional Test Sites

1 st Choice Test Date: (From published Test Schedule)		2 nd Choice Test Date: (From published Test Schedule)	
_____ 4 Digit Test Site #	_____ Test Site Name	_____ 4 Digit Test Site #	_____ Test Site Name
_____ Test Month	_____ Test Date	_____ Test Month	_____ Test Date

EXAM TYPES AND FEE PAYMENT (FORM 1402CV)

# REQUESTED	TESTS / SERVICE REQUESTED	TESTING FEES	TOTALS
	Knowledge Test or Knowledge Test Retake - Available in English Only	\$69.00	
	Skill Test or Skill Retake	\$125.00	
	Priority Fax Service (406-442-3357)	\$5.00	
	Overnight Shipping	\$19.50	
	Express Service Fee	\$15.00	
	No Show	NO REFUND	
	Reschedule	\$35.00	
	Cancellation	\$45.00	
	*****NO PERSONAL CHECKS ACCEPTED*****	GRAND TOTAL:	\$

ADA ACCOMMODATION

I need special accommodations under the Americans with Disabilities Act. To qualify for special accommodations, please submit a letter of request and documentation of the disability to Roseann Colosimo at the Nevada State Board of Nursing, 2500 West Sahara Avenue, Suite 207, Las Vegas, NV 89102 or call 702-486-5800 with any questions regarding the ADA accommodation policy.

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application into HEADMASTER. 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 only 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. **PLEASE CALL 800-393-8664 IF YOU DO NOT RECEIVE AN E-MAIL OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. ***NO PERSONAL CHECKS ACCEPTED*****

Candidate Social Security Number or Test Identification Number (located on your test results letter): _____ / _____ / _____

Candidate Signature: _____

(UNSIGNED APPLICATIONS WILL BE RETURNED)