



**OKLAHOMA LONG TERM CARE WITH HOME HEALTH DEEMING
 SCHEDULING & PAYMENT FORM (FORM 1402KC)**

****A list of candidates and payment for all candidate fees (including the Knowledge event fee if applicable) must be received by Headmaster prior to arranging an exam date. Once applicable fees are received Headmaster will arrange an exam date for the candidates. ****

Testing Option: In-Facility Test Sites (The training program must complete the section and be an OKLAHOMA DEPARTMENT OF HEALTH/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/Knowledge Test Proctor _____
 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 for In-Facility Testing:

Exam Types and Fee Payment: (Form 1402KC) *NO PERSONAL CHECKS ACCEPTED*****

# Requested	Tests / Service Requested	Self-Pay Candidates	Totals
	Knowledge Test Only Event Fee	\$60.00	
	Knowledge Test or Knowledge Retake - Available in English Only	\$20.00	
	Oral Knowledge Test or Retake - Available in English Only	\$30.00	
	Skill Test or Skill Retake	\$89.00	
	Priority Fax Service (406-442-3357)	\$5.00	
	Overnight Shipping	\$39.50	
	Express Service Fee	\$15.00	
	Test Review Fee	\$25.00	
	No Show	NO REFUND	
	Re-Export Fee	\$30.00	
	Reschedules ***Reschedules must be requested 3 business days of the date of the scheduled exam day.	\$35.00	
		GRAND TOTAL:	\$

Check method of payment: Check (Facility Only) Cashier's Check Money Order Visa Master Card

Card #: _____ Expiration Date: _____ Authorized Signature: _____

Print name as it appears on your credit card: _____ Zip Code: _____

ADA ACCOMMODATION

I need special accommodations under the Americans with Disabilities Act. To qualify for special accommodations, you must fill out an ADA Accommodations request (Form 1404KC) and provide written documentation of your disability. ADA form 1404KC is available at www.hdmaster.com or call HEADMASTER at 800-393-8664.

*I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application into HEADMASTER. 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 the portion of the test that I am requesting (either knowledge or skill or both knowledge and skill together) or the portion that I failed plus the fax fee. ***NO PERSONAL CHECKS ACCEPTED****

If fees are being paid by a Candidate:

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

Candidate Signature (if fees are being paid by a Candidate): _____

If fees are being paid by a Training Program:

Authorized Training Program Representative Signature (if fees are being paid by a Training Program): _____

(UNSIGN APPLICATIONS WILL BE RETURNED)