D&S Diversified Technologies LLP
Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES (D&SDT), LLP - HEADMASTER, LLP
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TENNESSEE MEDICATION AIDE

CANDIDATE PAYMENT FORM 1402CND-TN

Candidate Information:

Last Name: _____ First Name: _____

Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

☐ **MONEY ORDER/CASHIER'S CHECK PAYMENT:**

Make a money order or cashier's check payable to:
D&SDT
And mail to: P.O. Box 6609, Helena, MT 59604

Money Order/Cashier's Check Number: _____

☐ **CREDIT/DEBIT CARD PAYMENT (MasterCard or VISA only):**

Fill out the credit/debit card payment information and email this form to: accounting@hdmaster.com

Card Number: _____ Expiration Date: _____ Zip Code: _____

Printed Name as it appears on the credit/debit card: _____

Signature of Cardholder: _____

Exam Fee Payment

√ ITEM(S) REQUESTING	TESTS / SERVICE REQUESTED	SELF-PAY TESTING FEES	TOTAL
☐	KNOWLEDGE EXAM or Knowledge Exam Retake	$45.00	
☐	SKILL TEST or Skill Test Retake	$100.00	
☐	Priority Fax Service: (406) 442-3357 NOTE: I also authorize a $5.00 fax fee charged to my credit card if I fax my payment form to D&SDT-Headmaster.	$5.00/CANDIDATE	
PERSONAL CHECKS AND CASH ARE NOT ACCEPTED *BY SUBMITTING THIS FORM*: YOU ARE RESPONSIBLE FOR THE PAYMENT OF TESTING FEES CHECKED, EVEN IF YOU ARE A NO-SHOW FOR YOUR TEST EVENT.		**TOTAL**	

ADA ACCOMMODATIONS

If you need special accommodations under the Americans with Disabilities Act: Please complete the ADA Accommodation Request Application available on the Tennessee TMU© main page under 'APPLICATIONS' or by calling D&SDT-Headmaster at (877)201-0758.

If this is a re-take test, I must retest only the portion I failed. I understand that if I pay by credit card, my credit card will be billed for the knowledge and/or skill test, or for the portion of the test I failed, plus the fax fee (if I fax this payment form to D&SDT-Headmaster). **PLEASE CALL (877) 201-0758 IF YOU DO NOT RECEIVE AN E-MAIL AND/OR TEXT MESSAGE LETTING YOU KNOW YOUR FEES HAVE BEEN PAID AND YOU ARE READY TO SCHEDULE A TEST EVENT.**

CANDIDATE'S SIGNATURE: _____

(Unsigned payment forms will not be processed, will be shredded if a credit/debit card payment is included, or will be mailed back if a money order or cashier's check is included.)