D&S DIVERSIFIED TECHNOLOGIES LLP dba HEADMASTER LLP
PO BOX 6609 HELENA MT 59604
TELEPHONE: 800-393-8664 FAX: 406-442-3357
EMAIL: hdmaster@hdmaster.com
WEB SITE: www.hdmaster.com

TESTING AND REGISTRY APPLICATION RATE STRUCTURE

DIRECTIONS

1. Do not need to fill out this form if you are using Webetest (On-Line testing)
2. Mail completed forms at least 10 working days prior to requested test date
3. Complete one Form 1402OK (this form) for each group of Candidates
4. For initial applications include one Form 1101OK (CNA application) for each candidate
5. For retest applications include Form 1301OK (test results) for each candidate

OPTION 1 FIXED Test Dates - Candidates that must use Fixed (Regional) Test sites

1st Choice Test Site Name__________________________ 4 Digit Test Site # _____________Test Date_______________

2nd Choice Test Site Name__________________________ 4 Digit Test Site # _____________Test Date_______________

OPTION 2 Approved Flexible Test Sites – Only In-Facility Training & Educational Programs testing in their own facilities

Name of Test Site ____ Date test will be given ______/_______/______

Email _____________________________________ Phone (_____) _______-________ Digit Test Site ID # ______________

Address ____ City ________________ State _________ ZIP __________

Name Test Observer _____________________________________ Contact Person's Name ____________________________

For ADA Accommodations attach authorization from OSDH. PRIORITY FAX SERVICE (Optional) Fax 406-442-3357 available Monday-Friday 8:00am-3:00pm EST – Holidays Excluded. Applications will be processed and test confirmation letters maile on the day the applications are received by fax OPTIONAL EXPRESS Overnight SERVICE: Application(s) must be received five workdays prior to 1st requested test date. An additional $15 per candidate plus express overnight shipping charge of $19.50 apply. (No additional Fax charges apply) If you fax in your application please do not mail the original. WEBETEST© High Volume users Internet electronic application submission. Call 1-800-393-8664 for more information. NO PERSONAL CHECKS. Candidates may ONLY send cashiers check, money order, or use Visa/MC. Mail to PO Box 6609 Helena, MT 59604.

Tests / Service	# Requested	Per Candidate	Total Cost
Written Test		$20.00ea	
Oral Test		$35.00ea	
Skill Test		$75.00ea	
Priority Fax Service		$5.00ea	
Overnight Shipping		$19.50	
Express Service Fee		$15.00ea	
No Show		No Refund	
Reschedule		$35.00	
Cancellation		$25.00	

Grand Total Enclosed $________

If Facility paid then Facility name and address____

Credit Card # (Visa, MC)____Expiration Date __________/__________

Name as it appears on credit card ____________________________ Authorized Signature _______________________

Candidates CURRENTLY EMPLOYED, AS NURSE AIDES IN SKILLED MEDICARE/MEDICAID FACILITIES THAT ARE PARTIALLY REIMBURSED BY OKDH DO NOT INCLUDE FULL PAYMENT. Please call OKDH for questions about reimbursement status. Must list the Name and Location of the reimbursed Facility

Facility name and address____

Phone (_____) _______-________ Contact Person's Name ____

The submission of this application certifies that Testing Services are requested for the candidates included. D&SDT is hereby authorized to proceed with testing and the applicant(s) understand(s) and agree(s) to abide by D&SDT testing, retesting, scheduling, rescheduling, cancellation, and No show policies.

Authorization Signature____________________________ Print Name______________________________Phone (____) _____-______