D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP

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MASSACHUSETTS MAP TESTING

CANDIDATE PAYMENT FORM 1402CND-MP

Candidate Information:

_ast 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/cashier check payable to: D&SDT		
Money Order/Cashier Check Number:		and mail to – P.O. Box 6609 - F		
CREDIT/DEBIT CARD PAYMENT (MasterCard or VISA only):			
Card Number:	Card Expiration Date:	Zip Code Affiliated with Co	ard:	
Printed Name on credit/debit card:	,	• • • • • • • • • • • • • • • • • • • •		

Exam Fee Payment

# REQUESTED	TESTS / SERVICE REQUESTED	Unsponsored Candidate Testing Fees	SPONSORED CANDIDATE DDS DMH DCF MRC CHECK ONE	TOTALS
	Knowledge Test or Retake	\$55.00	No Charge	
	Medication Administration Test or Retake	\$100.00	No Charge	
	D&SDT Staff-Assisted Reschedule	\$35.00	\$35.00 (CANDIDATE PAYS)	
	Refund Request Fee NOTE: Please fill out, submit, and pay the fee using the 1405 Refund Request Form found at: www.hdmaster.com under 'Refund Request Form'	\$35.00	\$35.00 (Candidate pays)	
	Test Review Fee NOTE: Please fill out, submit, and pay the fee using the 1403 Test Review Form found at: www.hdmaster.com under 'Test Disputes'	\$25.00	\$25.00 (CANDIDATE PAYS)	
	No Show	No Refund	\$45.00 (CANDIDATE PAYS)	
	Priority Fax Service (406)442-3357 NOTE: I also authorize a fax fee of \$5.00/candidate charged to my credit card if I fax my payment form to D&SDT-Headmaster.	\$5.00/cnd	\$5.00/ CND (CND/TRAINING PROGRAM PAYS)	
	Personal checks and cash are not accepted.		TOTAL	\$

ADA ACCOMMODATIONS

If you need special accommodations under the Americans with Disabilities Act: To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA Form 1404 is available at www.hdmaster.com or call D&SDT-Headmaster at (888)734-6211.

NOTE: If payment is made by credit/debit card and the fee is disputed, you will be charged a \$35 chargeback fee along with any testing fees.

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 my credit card will be billed for the knowledge and/or medication administration test or for the portion of the test that I failed plus the fax fee (if I fax this payment form into D&SDT-Headmaster). PLEASE CALL (888)734-6211 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 SIGNATUR	E:	DATE:	

(Unsigned payment forms will not be processed and 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.)