

For Facility Use Only:

D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP MT Office: P.O. Box 6609 | Helena, MT 59604-6609

OH Office: P.O. Box 418 | Findlay, OH 45839 (888)734-6211 | (877)851-2355 | (800)393-8664 | Fax: (406)442-3357 | hdmaster@hdmaster.com | Website: www.hdmaster.com

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

MASSACHUSETTS MAP TESTING

FACILITY PAYMENT FORM - FORM 1402FAC-MP

Facility Name:	Contact Name:				
Contact Phone #: Cont	act Email:				
Facility Billing Address:	City:	State:	Zip:		
PURCHASE ORDER PAYMENT:					
Purchase Order Number:	se Order Number: Only credit approved entities. Call (800)393-8664 for a credit application.				
MONEY ORDER/CASHIER'S CHECK:					
Money Order/Cashier Check Number:	Make money order/cashier check payable to D&SDT and mail to P.O. Box 6609, Helena, MT 59604				
CREDIT/DEBIT CARD PAYMENT:					
Credit/Debit Card Number:(MasterCard or VISA only)	Expiration Date:	Zip (Code:		
Printed Name on credit card:	Signature of Cardhold	er:			

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	\$35.00	\$35.00 (CANDIDATE PAYS)	
	Test Review Fee	\$25.00	\$25.00 (CANDIDATE PAYS)	
	No Show	No Refund	\$45.00 (CANDIDATE PAYS)	
	Priority Fax Service (406)442-3357	\$5.00/CND	\$5.00/ CND (CND/TRAINING PROGRAM PAYS)	
			TOTAL	\$

CANDIDATE INFORMATION

	LAST NAME	FIRST NAME	DATE OF BIRTH
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			