



D&S Diversified Technologies LLP

Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP
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Innovative, quality technology solutions throughout the United States since 1985.

TENNESSEE MEDICATION ASSISTANT - D&S DIVERSIFIED TECHNOLOGIES
SCHEDULING AND PAYMENT FORM (FORM 1402TM)

TESTING OPTIONS: Only use Option 1 or Option 2, never both

APPLICATIONS WITH INCOMPLETE INFORMATION, MISSING REQUIRED DOCUMENTATION OR PAYMENT WILL NOT BE ACCEPTED AND WILL BE RETURNED.

Testing Option 1: Fixed (Regional) Testing

This completed Form 1402TM must be received in our office 10 business days prior to the first requested test date (excluding Saturdays, Sundays and Holidays).

1st Choice Test Date (From Form 1700TM-Test Schedule)

Table with 3 columns: Test Site #, Test Date, Test Site Name

2nd Choice Test Date (From Form 1700TM-Test Schedule)

Table with 3 columns: Test Site #, Test Date, Test Site Name

Testing Option 2: In-Facility Test Sites Only

(An MA instructor must complete this section. The training program must be a TBON/D&SDT certified test site to use this option.)

Table with 7 columns: Name of Site and Address, 4-Digit Test Site #, Agreed upon Test Date, Testing Time - AM, Testing Time - PM, Facility Contact Phone #, Testing Facility Contact Person's Name

List up to twelve candidate(s) Social Security Numbers for in-facility testing:

Table for listing candidate Social Security Numbers

Exam Types and Fee Payment

Table with 4 columns: # Requested, Tests/ Service Requested, Price, Total

Check method of payment: \_\_\_ Check (Facility Only) | \_\_\_ Cashier's Check | \_\_\_ Money Order | \_\_\_ Visa | \_\_\_ Master Card
Made payable to D&SDT | \*\*NO PERSONAL CHECKS ACCEPTED\*\* | D&SDT-Headmaster does not accept cash

Form section for Facility Pay, Authorizing Agent, and Card Holder information

ADA ACCOMMODATION: If you need special accommodations under the Americans with Disabilities Act please see form 1404TM available on the Ohio MA webpage at www.hdmaster.com.

NOTE: For Credit Card Payments- If payment is made by credit card and fee is disputed, you will be charged a \$35 charge back fee along with any testing fees.

I also authorize a fax fee of \$5.00 charged to my credit card if I fax my application to D&SDT-Headmaster [Fax #: (406)442-3357]. I also understand that if this is my first time testing that I must take both the knowledge and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the knowledge and skill test or for the portion of the test that I failed plus the fax fee. By signing this form I accept the policies as stated on this form and as stated in the Tennessee MA candidate handbook. Please call D&SDT at (877)851-2355 if you do not receive a test confirmation email within five days.

Candidate Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ (UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)