

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 (877)201-0758 | (800)393-8664 | (877)851-2355 | Fax: (406)442-3357 hdmaster@hdmaster.com | Website: www.hdmaster.com Innovative, quality technology solutions throughout the United States since 1985.

TENNESSEE – TEMPORARY NURSE AIDE

PLACEMENT ON TENNESSEE REGISTRY PAYMENT FORM – FORM 1402FACTNA-TN

If paying with Credit Card / Debit Card please use the fillable form available on the Tennessee webpage at <u>www.hdmaster.com</u>

A completed **ATTESTATION FORM FOR TEMPORARY NURSE AIDES TO BE PLACED ON THE TENNESSEE NURSE AIDE REGISTRY** (found on the Tennessee webpage at <u>www.hdmaster.com</u>) with the required, valid documentation attached must be submitted via email <u>individually</u>. We cannot accept a group of Attestation Forms with documentation in one email. Please label each individual email with the TNA's name.

This payment form may be completed for up to ten candidates.

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| Facility Name: | lame: | | | | ct Name: | | |
| Contact Phone #: | | | Contact E | mail: | | | |
| acility Billing Address: | | | | City: | | | Zip: |
| PURCHASE ORDER PAYM | ENT: | | | | | | |
| Purchase Order Number: On | | | Only credit a | pprove | ed entities. Call (800) | 393-8664 for a | 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 CARD PAYMENT: | | | | ana m | an to. 1 .o. box 0005, | riciciia, ivii 55 | 7004 |
| Card Number: | | Ex | piration Date: | | Zip Code: | | |
| Print Name as it appears | on credit card: | | | | | | |
| Signature of Cardholder: | | | | | | | |
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| | # REQUESTED | REQUESTED | | FEE | TOTAL | | |
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