

MISSOURI TRAINING PROGRAM/INSTRUCTOR

**INFORMATION FOR REQUESTING TEST DATE(S) FROM D&SDT-HEADMASTER  
AND TEST DATE REQUEST FORM**

*Following are the steps to follow when requesting a test date(s) from D&SDT-Headmaster for an upcoming graduating class:*

**For a candidate to be eligible to schedule into a test event, the following items need to be completed:**

- **Are all A/B forms attached to your student records in TMU©?**
- **Are your student records completed in TMU©?**
- **Are your students' testing fees paid?**
- **Do all of your students have their mandatory two forms of ID needed for testing?**  
(Please see the [Missouri Candidate Handbook](#) for ID requirements.)

In order to allow D&SDT-Headmaster scheduling staff time to arrange a test date for your candidates, please fill out the **Test Date Request Form** on the next page and email to [missouri@hdmaster.com](mailto:missouri@hdmaster.com).

That way D&SDT-Headmaster can start working on confirming a test date with an RN Test Observer so that a test event is on the calendar when your candidates graduate.

Once the test date, time, number of candidates testing and the RN Test Observer are all confirmed, D&SDT-Headmaster will put the test event on the calendar for your candidates to schedule into once they have completed training, A/B Forms are attached to their records and their fees have been paid.

If you have any questions or need assistance, please reach out to D&SDT-Headmaster at (888)401-0462 or via email at [missouri@hdmaster.com](mailto:missouri@hdmaster.com).

**We look forward to assisting you in arranging test events for your candidates!**

**Please fill out the Test Date Request Form on the next page and email it to  
[missouri@hdmaster.com](mailto:missouri@hdmaster.com).**

Missouri Training Program/Instructor  
**TEST DATE REQUEST FORM**

If you need assistance, please call D&SDT-HEADMASTER at (888)401-0462 or via email at:  
[missouri@hdmaster.com](mailto:missouri@hdmaster.com)

Training Program Name: \_\_\_\_\_

Number of Candidates to Test: \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

Requested Test Site: \_\_\_\_\_

Date(s) Requesting for Test Events: \_\_\_\_\_

Knowledge & Skills Exams:  YES  NO **-or-** Skills Only Exam:  YES  NO  
*(Please check YES or NO)* *(Please check YES or NO)*

**RN Test Observer Name:** \_\_\_\_\_

*(If you do not have a preferred test observer, D&SDT-HEADMASTER Missouri scheduling staff will reach out to observers in your area for their availability. In some cases, RN Test Observers may offer alternate dates that s(he) is available to test, and then we would be in touch with you to confirm if one of the alternate dates would work for your facility.)*

**Email this completed form to [missouri@hdmaster.com](mailto:missouri@hdmaster.com) when you have a class starting training** so that the test event is confirmed and on the calendar for your candidates to schedule into when they are completed.

**Make sure you check the items that need to be completed in order for your candidates to be eligible to schedule into the test event on the instructions on the first page.**

Person Completing this form: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_