



5667 Danville Ct
Chino Hills CA 91709

<i>For Admin Use Only</i>	
Class Date:	_____
NCLEX Test Date:	_____
NCLEX Test Results:	
PASS	<input type="checkbox"/>
FAIL	<input type="checkbox"/>

NCLEX REVIEW CLASS ENROLLMENT FORM

STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ ETHNIC BACKGROUND: _____

PRIMARY LANGUAGE: _____ OTHER LANGUAGE SPOKEN: _____

TELEPHONE NUMBERS:

Home Number: _____ Cell phone Number: _____

E-MAIL ADDRESS: _____

CURRENT WORK FUNCTION: _____

PROFESSIONAL EDUCATION

RN Year Graduated: _____

VN Year Graduated: _____

TYPE OF PROGRAM: (Check One)

- VOCATIONAL
- ASSOCIATE DEGREE
- BACCALAUREATE DEGREE

NAME SCHOOL: _____ Check if International Graduate

NCLEX REVIEW CENTERS PREVIOUSLY ATTENDED:

1. _____ 2. _____ 3. _____

NUMBER OF TIMES YOU HAVE TAKEN NCLEX TEST: _____

I certify that all information provided in is true, correct and complete.

SIGNATURE OF APPLICANT AND DATE