Vocational Education and Extension Board

School of Practical Nursing

R		

30 E Cherry Street

Hicksville, NY 11801

M _____

(516) 572-1704

Testing Fee: \$150.00 NON-REFUNDABLE

Complete and download form and bring with you for confirmation.

PLEASE HAVE EXACT CHANGE WHEN MAKING YOUR PURCHASE.

* PLEASE BRING VALID CURRENT PHOTO ID FOR TESTING * TESTING APPLICATION

PLEASE PRINT/CLEARLY AND COMPLETE ALL INFORMATION

DATE:			
NAME:	DATE OF BIRTH:		
STREET:			
CITY:	STATE:	ZIP:	
PHONE NUMBER:	CELL PHO	NE:	
EMAIL ADDRESS:			
TES	T DATE:		
	CASH		
Signature			
——————————————————————————————————————			