

Vocational Education and Extension Board

School of Practical Nursing

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Please arrive 15 minutes before start time to process paperwork.

30 E Cherry Street

Hicksville, NY 11801

M \_\_\_\_\_

(516) 572-1704

**MATH REVIEW: \$400.00 NON-REFUNDABLE**

Please have exact change when making your purchase.

**Complete and download form and bring with you for confirmation.**

**\* 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 PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TEST DATE: \_\_\_\_\_ TEST TIME: \_\_\_\_\_

CASH

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date