**VOCATIONAL EDUCATION & EXTENSION BOARD**

R \_\_\_\_\_\_\_\_

M \_\_\_\_\_\_\_\_

**School of Practical Nursing**

**30 E Cherry Street, Hicksville, NY 11801**

**(516) 572-1704**

**ENTRANCE EXAM**

**TESTING APPLICATION**

**Testing Fee: $150.00 NON-REFUNDABLE**

**COMPLETE AND DOWNLOAD FORM AND BRING WITH YOU FOR CONFIRMATION.**

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

**PLEASE PRINT/TYPE CLEARLY AND COMPLETE ALL INFORMATION**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_**

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

**CASH ONLY**

**TEST DATE/DAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_**

**NOTE:**

**CHANGE TEST DATE FEE IS $50 (NON-REFUNDABLE).**

**TEST DATE CAN ONLY BE RESCHEDULED ONCE; MUST RESCHEDULE WITHIN 2 WEEKS OF ORIGINAL SCHEDULE TEST DATE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date