

*Office Use Only*  
Date of Request: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Cashiers Fee Code: RN    LPN  
Staff \_\_\_\_\_

## **Registration Form - Nursing Clinical Admission Assessment** **LPN Certificate, Accelerated and Traditional RN AA Programs**

Applicants for the **clinical portion** of the Accelerated RN, Traditional RN, and LPN Certificate programs must successfully complete the Clinical Nursing Admission Assessment as part of the qualification process.

**Directions:**

1. Complete this form.
2. Show this form to an HCC cashier (RCF-213) and pay the **\$65\* nonrefundable** test fee.
3. Submit this form and a copy of the fee receipt to the Office of Admissions & Advising (RCF-242).
4. Online registration and payment is available. Follow the link at:  
<http://www.howardcc.edu/admissions/apply/alliedhealth/testing.html>
5. It is recommended that you keep a copy of this form for your records.
6. **Students who wish to change their test date after registering must re-register and pay the testing fee again.**

\*Subject to Change

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**This form and the appropriate nonrefundable testing fee must be received at least one week prior to the testing date.**

**Please Print Neatly or Type**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_

Please indicate the clinical program for which you will apply:

\_\_\_\_\_ Accelerated RN    \_\_\_\_\_ Traditional RN    \_\_\_\_\_ LPN Certificate

Have you taken the Nursing Admission Assessment previously at HCC?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please list all previous testing dates: \_\_\_\_\_

**TESTING DATES**

Please select two testing dates. ***Test dates are subject to change.*** Slots are limited; if your selected date is full, you will be placed in your alternate choice. A confirmation e-mail will be sent within two business days to indicate your testing date and the location of testing. Students should arrive to check in approximately ***30 minutes prior to the test start time*** for the selected session. Students who are eligible for testing accommodations should meet with their Disability Support Services counselor before selecting a test date.

Current available testing dates can be found at <http://www.howardcc.edu/admissions/apply/alliedhealth/testing.html>

Please indicate your first and second choice.

\_\_\_\_\_ 1<sup>st</sup> choice

\_\_\_\_\_ 2<sup>nd</sup> choice

**Reminders:**

**All testers must present a valid, unexpired government issued photo identification or HCC identification on the day of testing.**

**Students must submit payment in order to be officially registered. Retain a copy of your registration for your records.**