



TEST REGISTRATION FORM

PLEASE COMPLETE THIS FORM and either **MAIL** (see address below), **FAX** to 586.498.4101 or **CALL** 586.498.4130 to register. The cost is **\$50.00** each time you test; payment must be received prior to testing. Please arrive 15 minutes prior to scheduled test time. Bring valid picture I.D. such as a driver's license, along with a pen, pencil and calculator.

PLEASE INDICATE PROGRAM

- Certified Nursing Assistant** (Observation, Locating, Reading, Mathematics)
- Certified Professional Coder** (Locating, Reading, Mathematics)
- Dental Assistant** (Observation, Locating, Reading, Mathematics)
- Paraprofessional** (Reading, Mathematics, Writing)
- Patient Access / Accounting** (Locating, Reading, Mathematics)
- Pharmacy Technician** (Locating, Reading, Mathematics)
- OTHER- Michigan Works** (Locating, Reading, Mathematics)

- RETEST**
- 9:30am ~ Observation**
 - 11:00am ~ Locating**
 - 12:00pm ~ Reading**
 - 1:00pm ~ Math**
 - 2:00pm ~ Writing**

PLEASE INDICATE DATE

- Feb 3, 2010**
- Feb 10, 2010**
- Feb 17, 2010**
- Mar 10, 2010**
- Apr 7, 2010**
- Apr 21, 2010**

PERSONAL IDENTIFICATION INFORMATION

Name: _____ **Date of birth:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please check the appropriate payment option:

- Michigan Works Voucher** – please list office: Clinton Twp. Mt. Clemens Roseville Warren
- Check - mail check & registration form to: **Macomb Community College – MTEC, 7900 Tank Ave, Warren, MI 48092**
- Credit card - please provide the following information below:

CREDIT CARD INFORMATION

***For credit card payments complete the following OR if you are eligible through MI Works please check here**

Please charge the following credit card (circle one): Visa, Master Card, or Discover		
Authorized Card Holder Name		
Credit Card #		
Exp. Date		
Three Digit Security Code Found on Back of Card		TOTAL \$50.00