

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)
- Health Unit Coordinator** (Locating, Reading, Mathematics)
- Local Unions Apprentice Programs** (Locating, Reading, Mathematics)
- LPN – Toledo School of Practical Nursing** (Locating, Reading, Mathematics)
- NCRC, OJT - Michigan Works Funding** (Locating, Reading, Mathematics)
- Paraprofessional** (Reading, Mathematics, Writing)
- Patient Access / Accounting** (Locating, Reading, Mathematics)
- Pharmacy Technician** (Locating, Reading, Mathematics)

RETEST or SINGLE TEST

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

NO CELL PHONES PERMITTED!!!

Cancellation is required at least 1 day prior to your test date to receive a refund.

If you cancel or are not in attendance on the test date, there is NO REFUND.

PLEASE INDICATE DATE

- | | | |
|--|--|--|
| <input type="checkbox"/> August 11, 2011 – Thurs | <input type="checkbox"/> August 31, 2011 – Wed | <input type="checkbox"/> October 25, 2011 – Tues |
| <input type="checkbox"/> August 16, 2011 – Tues | <input type="checkbox"/> September 1, 2011 - Thurs | <input type="checkbox"/> November 9, 2011 – Wed |
| <input type="checkbox"/> August 17, 2011 – Wed | <input type="checkbox"/> September 7, 2011 – Wed | <input type="checkbox"/> December 7, 2011 – Wed |
| <input type="checkbox"/> August 18, 2011 – Thurs | <input type="checkbox"/> September 8, 2011 – Thurs | <input type="checkbox"/> December 14, 2011 – Wed |
| <input type="checkbox"/> August 23, 2011 – Tues | <input type="checkbox"/> September 21, 2011 – Wed | <input type="checkbox"/> |
| <input type="checkbox"/> August 24, 2011 – Wed | <input type="checkbox"/> October 5, 2011 – Wed | <input type="checkbox"/> |

PERSONAL IDENTIFICATION INFORMATION

Name: _____ Date of birth: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Last 4 SS #: { _____ }

Please check the appropriate payment option:

- Michigan Works Voucher** – Office: Clinton Twp. Mt. Clemens Roseville Warren Chrysler TTC
- Check or Cash - 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

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 Billing Zip Code		TOTAL \$50.00