

America Healthways Education

NCLEX-RN & LVN REVIEW

REGISTRATION AND ASSESSMENT FORM

Photo
2 x 2

Name: _____
Last First Middle Name

Address: _____
Street City State Zip Code

Tel Number: () _____ Cellular No: () _____

Work Number: () _____ Best Time to Reach You: _____

Your Current Employer: _____ Social Security Number: _____

Date of Birth: _____

Referral Source:

Registry: _____ Registry Staff: _____
(Business Name) (Provide Name)

Advertisement Flyer Website Relative

By Former Reviewer: _____ Friend: _____

Email Address: _____ Do you have computer access at home? Yes No

EDUCATIONAL BACKGROUND (Please ignore items that are not relevant to your application)

A. NURSING SCHOOL:

Name of School / Country of Education <i>(starting with the most recent)</i>	Year Completed <i>(indicate inclusive year attended or if in progress)</i>	Diploma / Degree <i>(CAN, AA, BSN, MA)</i>

B. POST GRADUATE QUALIFICATIONS: _____ UNITS EARNED: _____

C. NON-NURSING SCHOOL (IF APPLICABLE):

Name of School / Country of Education <i>(starting with the most recent)</i>	Years Completed <i>(indicate inclusive year attended or if in progress)</i>	Diploma / Degree <i>(CAN, AA, BSN, MA)</i>

EMPLOYMENT HISTORY

Starting with the most recent, please list all employment after you have earned your Nursing Degree including non-nursing positions. (Use additional sheets if necessary.)

Name of Employer	Employment Dates		Summarize the Type of Work Performed and Job Responsibilities
Address of Employer	From	To	
Job Title			

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RELATED INFORMATION

This information will help us to determine your needs toward a thorough educational assessment.

Number of hours available for study: (please discuss in detail schedule requirements):

Have you previously attended a formal review class? YES NO If yes, please provide detail below.

Are you a visual person? YES NO
 Please tick your preference. Live Reviewer Module and Video Tape Presentation

What are your expectations with our live supervised instruction class?

What is your weakest nursing subject that you deal with?

List your favorite nursing subjects starting with the subject you are most interested with.

** * * All information provided will be treated as strictly confidential. * * **

SIGNATURE: _____

DATE SIGNED: _____

Please mail your completed registration form to:

***America Healthways Education
 18300 Gridley Road, Suite H-2,
 Artesia, CA 90701***

If you have any further queries, please do not hesitate to contact ***Mary De Leon*** at (714) 994-3144 or by email ***erdon2000@aol.com***. You can also visit our website, ***www.americahealthways.com*** for more information.