



APPLICATION FOR LPN EXAM REVIEW PROGRAM

Start Date: _____

DESIRED PROGRAM OPTIONS

Full Program 6week Program Half Program Drop-Ins (specify number) _____

Days: Mon Tues Wed Thu Fri Preferred Study Times: Days Evenings
 Time: _____

Program Cost: \$ _____
 Registration Fee: \$ 20.00 (non-refundable)
 GST: \$ _____
 Total: \$ _____

Method of Payment:
 Cash
 Cheque
 Money Order

PERSONAL INFORMATION

Name: _____ Gender: Female Male
Last First Middle

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Pager: _____ Mobile: _____

Social Insurance #: _____ Date of Birth: _____

Emergency Contact Name: _____ Contact Number: _____

E-mail: _____

Status in Canada: Canadian Citizen Landed Immigrant Work Permit or Visa Other

SCHEDULE

Full 8 Week Program	2 – sessions per week	_____
6 Week Program	2 – sessions per week	_____
Half Program	8 – sessions	_____
6 Drop-ins	6 – sessions	_____
4 Drop-ins	4 – sessions	_____
1 – 3 Drop-ins	1 – session	_____

* Monday – Fridays can be booked for open study time.

EDUCATION AND TRAINING

School _____ Name / Location _____ Course of Study _____ Graduation Year _____

High School _____

College/ University _____

College/ University _____

OTHER INFORMATION

Country of Origin: _____ Languages Spoken: _____

Have you been licensed in another Country? yes no

If yes, Country: _____ Licensing Body: _____ Duration: _____

Have you taken the exam before? yes no

Have you had any previous tutoring for the exam? yes no

In which setting do you prefer to learn in?

- Large group
- Small group
- Individual

Any medical conditions we should be aware of? yes no

If yes, explain: _____

How did you hear of Health Staffing International? _____

NOTE: HEALTH STAFFING INTERNATIONAL RESERVES THE RIGHT TO CANCEL ANY COURSE DUE TO INSUFFICIENT ENROLLMENT.

* All exam material remains the property of Health Staffing International.

COMMENTS

Applicant Signature

Date