**DELGADO COMMUNITY COLLEGE**

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**LPN NURSE**

**ACCUPLACER PN**

**REGISTRATION FORM/TEST PAYMENT**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Student#: **L**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*EXAMINEE PLEASE READ AND SIGN\*\*\*\***

**Because of the current COVID-19 situation, we are temporarily testing remotely using Zoom. To test, you will need a computer (desktop or laptop) with a webcam and audio capabilities.**

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BURSAR’S OFFICE**

**WITH PAYMENT OF ONLY**

**CASH, CHECKS, OR MONEY ORDER(S) MADE PAYABLE TO DELGADO COMMUNITY COLLEGE**

 **PLEASE PUT A CHECK MARK NEXT TO THE PARTS YOU ARE TAKING**

|  |  |  |
| --- | --- | --- |
|  |  | **COST** |
|  | **ACCUPLACER PN-ENGLISH** | **$10.00** |
|  | **ACCUPLACER PN-MATH** | **$10.00** |
|  | **ACCUPLACER PN-READING** | **$10.00** |
|  |  **TOTAL** |  |

**TESTING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FROM WEBSITE)**

**EXAMINEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**