Central Maine Medical Center
College of Nursing and Health Professions
70 Middle Street - Lewiston, Maine 04240

Nurse Entrance Test—Registration Form

First Name | Middle Name | Last Name

Mailing Address (if payment is made with credit card, please list address used with your card!)

City | State | ZIP | DOB

Daytime Phone (check if this is a cell ☐) Ext: | SSN

Test Fee: $40.00—payment must accompany registration!

Payment: ☐cash ☐check ☐money order ☐credit

VISA ☐ MasterCard ☐

Expiration Date | CVV Code (last 3 digits on back)

For Office Use only:

Registration ☐

Date _____ taken by _____

Cardholder's Name (please print!)

Cardholder's Signature and Date

	Test Day		Test Time	Registration Deadline
☐	**September 19, 2009**	(Saturday)	9:00 AM—12:00 noon	Register by: 09/11/2009
☐	**September 22, 2009**	(Tuesday)	5:30 PM—8:30 PM	Register by 09/18/2009
☐	**October 3, 2009**	(Saturday)	9:00 AM—12:00 noon	Register by: 09/28/2009
☐	**November 14, 2009**	(Saturday)	9:00 AM—12:00 noon	Register by: 11/06/2009
☐	**November 23, 2009**	(Monday)	6:00 PM—9:00 PM	Register by: 11/16/2009
☐	**December 18, 2009**	(Friday)	9:00 AM—12:00 noon	Register by: 12/14/2009
☐	**January 2, 2010**	(Saturday)	9:00 AM—12:00 noon	Register by: 12/21/2009
☐	**January 18, 2010**	(Monday)	4:00 PM—7:00 PM	Register by: 01/11/2010
☐	**January 23, 2010**	(Saturday)	9:00 AM—12:00 noon	Register by: 01/19/2010

The entrance exam test fee is non-refundable! Early registration is encouraged as each session is limited to 50 registrants. No registrations or payments will be accepted on the day of the test.

Please return this form to:
CMMC College of Nursing and Health Professions
Attn. Assistant Registrar
70 Middle Street—Lewiston ME 04240